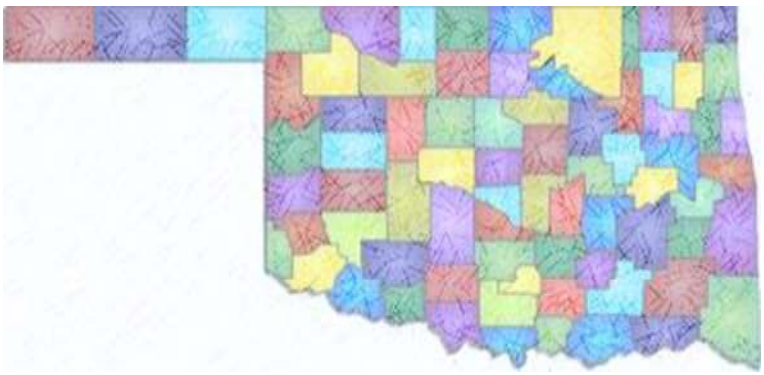
2021
Annual Progress & Services Report (APSR)
to the
2020-2024 Child & Family Services Plan (CFSP)



Child Welfare Services
Oklahoma Department of Human Services

June 30, 2020

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Attachments

General Information

State Agency Administering the Programs

The Oklahoma Department of Human Services (OKDHS) is the state agency designated to administer Title IV-B and Title IV-E programs, the Child Abuse and Prevention and Treatment Act, and the Chafee Foster Care Program for Successful Transition to Adulthood. OKDHS, an umbrella agency, was established by the state legislature in 1936. Support programs and services currently provided statewide in 77 county offices include Child Welfare Services (CWS), Temporary Assistance for Needy Families, Medicaid (SoonerCare), Supplemental Nutrition Assistance Program, Aging Services, Developmental Disabilities Services, Child Care Services, and Child Support Services.

CWS is the OKDHS division responsible for administering the state's child welfare services and operates under the direction of CWS Director Deborah Shropshire, M.D. The CWS Director reports directly to the OKDHS Children's Services Director, who reports to the OKDHS Chief Operating Officer (COO). The COO reports to the OKDHS Director, who reports directly to the Governor's Office. See the attached ***OKDHS Chief Executive Organizational Chart*** and the ***OKDHS COO Programs Organizational Chart***.

Within the CWS organizational structure are two assistant CWS directors, one responsible for field operations and the other responsible for program operations. The CWS Executive Team, comprised of the CWS Director, assistant CWS directors, and 10 deputy directors, leads the state child welfare (CW) team. See the attached ***CWS Executive Team Organizational Chart***. Five regional deputy directors oversee the state's five regions that provide Child Protective Services (CPS), Family-Centered Services (FCS), and Permanency Planning (PP) Services. Another deputy director oversees Foster Care and Adoptions (FC&A) services that are provided in all five regions. The 47 district directors cover 27 state districts aligned according to district attorneys' responsibilities and report to the five regional deputy directors, as shown in the attached ***CWS Regions and Districts Map***. To support the critical work in the five regions, five teams, each led by the Director, a deputy director, or the clinical director, are responsible for FC&A Programs, CWS Programs, CWS Community Partnerships, CWS Operations and Business Processes, and Clinical Operations. See the attached ***CWS Organizational Chart***.

- The FC&A Program team is responsible for policy, procedures, and programs for:
    - FC&A – manages recruitment, retention, and training of all resource families. FC&A assists in securing a safe, permanent home for children in permanent OKDHS custody through a comprehensive array of services that identifies, approves, matches, and supports adoptive families.
    - Post-Adoptions – administers financial and medical benefits, child care, Interstate Compact on Adoption and Medical Assistance, Confidential and Intermediary Search, reunion and paternity registries, and provides case

management service to all who finalized adoption of a child in out-of-home placement.
    - Interstate Compact on the Placement of Children – ensures protection and services to children who are placed across state lines.
    - Specialized Placements and Partnerships – oversees residential placements, therapeutic foster care, developmental disabilities, and education-related services.

- The CWS Programs team is responsible for the policy, procedures, and programs for:
    - Hotline and CPS – oversees OKDHS Abuse and Neglect Hotline, CPS investigations and assessments, and Child Abuse and Neglect Information System inquiries.
    - Permanency, Prevention, and Well-Being – oversees PP services, FCS, Oklahoma Children's Services, and Appeals. Permanency and Well-Being staff regularly communicate with other state agencies to ensure an integrated system of health exists for children and families.
    - Successful Adulthood Services – manages the Chafee Program and all related education, training, and services for OKDHS custody children aging out of care.
    - Training – develops CWS training programs and trains CWS staff.
    - Quality Assurance (QA) – ensures the quality of work in CPS, PP, and FCS as well as division-wide continuous quality improvement processes. QA staff also conducts Child and Family Services Reviews, qualitative case reviews across the state, and contract performance reviews of the contracted foster care level placement providers and above.
    - Project Management – manages CWS child welfare-related business projects, program initiatives, and federal and Pinnacle Plan reports.

- The CWS Community Partnerships team is responsible for the policy, procedures, and programs for:
    - Community Collaboratives – empowers communities to develop a self-sustaining collaboration to solve specifically-identified community problems or needs.
    - CWS Nurse Partnership – assists caseworkers, biological families, and foster families in understanding and meeting the medical needs of children, including assistance during investigations.
    - Tribal Coordinators – collaborates with the 38 federally-recognized tribes in Oklahoma to coordinate services, Title IV-E and Title IV-B funding to tribes, and training to tribal and CWS staff on Indian Child Welfare Act practice.
    - Community Coordination – engages and connects partners outside of CWS, including private, governmental, and the public, with each other and the appropriate CWS staff to create opportunities for resources and support for families and children.

- The Operations and Business Processes team is responsible for the policy, procedures, and programs for:
    - Basic administrative support - includes personnel, benefits, and budget; contracts; coordination of services, Title XIX, and Social Security; and coordination of CWS fiscal programs with OKDHS Financial Services.
    - Technology and Governance – manages the CWS Statewide Automated Child Welfare Information System (SACWIS) known as KIDS, including system development and maintenance; SACWIS compliance; KIDS Helpdesk; KIDS application training; federal, state, and Pinnacle Plan mandated data and reporting; and all internal and external requests for KIDS-related data.

- The Clinical Operations Director is responsible for providing support for youth and families in the Oklahoma CW system by offering clinical expertise and guidance to CWS programs, specialists, and community partnerships. To enhance and support best practices in mental and physical health system wide, the Clinical Team consists of the clinical team director, a pediatric psychologist, a pediatrician, mental health consultants, nurses, and an adoption specialist.

Collaboration

Oklahoma has engaged in substantial, ongoing, and meaningful collaboration with families, children, youth, tribes, courts, and other partners in the assessment of the current functioning, and analyses of strengths and areas of need in the CW system. Information gathered from focus groups, community meetings, workgroups, reviews, and reports was compiled and served as the basis for the development of the Oklahoma 2020-2024 Child and Family Services Plan (CFSP).

CWS continues to ensure stakeholders are actively involved in CFSP implementation through ongoing meetings and work groups, along with partnering with other sister agencies to hold at a minimum, annual stakeholder meetings. A key component of continuous quality improvement is stakeholder engagement and the input provided in improving CW practice. As implementation moves forward and additional information is gathered through case reviews and other methods, qualitative information sheds insight as to the effectiveness of the collaborations that are ongoing, the results of communication occurring between service providers and CWS, and most importantly, the access and quality of services provided to children, youth, and families.

Although not a comprehensive list, involved stakeholders are the:

- Child Protection Coalition in Tulsa County
- Child Welfare Professional Enhancement Program
- Court-appointed special advocates
- Court Improvement Project
- Faith-based partners, including Project 111 and Count Me in 4 Kids
- Foster and adoption parent associations and support groups

- Juvenile Judges Oversight Advisory Committee
- Legislative Workgroup
- Oklahoma Advisory Task Force Board on Child Abuse & Neglect
- Oklahoma Child Welfare Stakeholder Collaboration State Advisory Board
- Oklahoma Commission on Children and Youth
- Oklahoma Department of Mental Health and Substance Abuse Services
- Oklahoma Indian Child Welfare Association
- Oklahoma Institute for Child Advocacy
- Oklahoma Office of Juvenile Affairs
- Oklahoma State Department of Education
- Oklahoma State Department of Health
- Oklahoma Therapeutic Foster Care Association
- Post-Adjudication Review Board
- Service providers
- Special Review Committee
- Stakeholder focus groups, such as CW Policy and Practice Group
- Resource parents
- Tribal/State Collaboration Workgroup
- Tulsa Advocates for the Protection of Children
- University of Oklahoma
- Youth service agencies
- Youth

Further details regarding collaboration and stakeholder involvement is found throughout other sections of this 2021 Annual Progress and Services Review report, including but not limited to, the **Update to the Assessment of Current Performance**, **Update to the Plan for Enacting the State's Vision**, **Quality Assurance System**, **Update on the Service Descriptions**, and **Consultation and Coordination Between States and Tribes**.

Vision Statement

The OKDHS mission is to improve the quality of life of vulnerable Oklahomans by increasing people's ability to lead safer, healthier, more independent and productive lives. OKDHS provides help and offers hope to vulnerable Oklahoma through stronger practices, involved communities, and a caring and engaged workforce. CWS' purpose is to improve the safety, permanence, and well-being of children and families involved in the CW system through collaboration with families and their communities. The CWS vision is to promote strong Oklahoma families together.

In order to achieve this mission and vision, CWS, together in partnership with stakeholders, must strengthen families and prevent child maltreatment and unnecessary family separation and trauma to children and their parents. Reaching children and families sooner through prevention is the key to avoiding unnecessary trauma, disrupting intergenerational cycles of maltreatment, and achieving better outcomes for

children and families. The goals, objectives, and strategies outlined in the 2020-2024 Child and Family Services Plan, through a fundamental cultural shift within the system focusing on trauma-informed, prevention-based care, ensures the practice, procedures, and policies in place continue to be enhanced and create sustainable, desired outcomes for Oklahoma children and families.

At least one in three children enters foster care because of parental drug abuse. An increasing number of them are infants and toddlers; half of the children who enter foster care are younger than five years old. A number of other factors also disrupt a family to the point where removal is the only way to ensure a child's safety, including alcohol abuse, incarceration, parental history of trauma and abuse, financial strains from unemployment or homelessness, extreme anger and frustration, or the lack of physical care and attention. The impacts of maltreatment are costly and long lasting.

The safety and well-being of children and of all family members is paramount. When safety can be ensured, strengthening and preserving families is seen as the best way to promote the healthy development of children. Strengthening programs and services designed to achieve measurable outcomes that are focused on prevention and protection to prevent maltreatment and the unnecessary removal of children and their placement into foster care improves the safety, permanency, and well-being of children and families.

The first step in the continuum of care is keeping families together through prevention services. However, when children must be removed from their homes, CWS supports the use of family-based foster care to ensure permanency and stability in their living situations and continuity of family relationships and connections. The services and treatment programs are focused on the family as a whole, working with families as partners in identifying and meeting individual and family needs to improve their functioning and well-being. Services promote the healthy development of children and youth, promote permanency, and help prepare youth for self-sufficiency and independent living.

Services and treatment are community-based and accessible to children and families and organized as a continuum, sufficient to keep children safe and meet the needs of children and families. Agency capacity to serve children and families that need prevention and reunification services is increased through strong family-centered practices involving the implementation of revised training and structured and supportive supervision which focuses on understanding and treating safety needs and trauma; strengthening parental protective capacities; and increasing mindfulness towards the goal of improving child and family outcomes. Strong family-centered practices establish the direction, expectations, and values from which the workforce operates, resulting in more empowered families and an agency that knows where it is going and why. CWS expects this approach to lead to better outcomes for children and families and a stronger and better-aligned workforce, a greater degree of internal and external collaboration, and greater service flexibility and innovation. Further, community capacity increases by capitalizing on partnerships to meet child and family needs

through the availability of effective services. Evidence-based or evidence-informed services are identified and/or developed at a community level to promote child well-being, safety, and permanency, and enhance the service array.

Update to Assessment of Current Performance

The 1994 Amendments to the Social Security Act (SSA), updated in the Adoption and Safe Families Act of 1997 (§ 203 of P.L. 105–89), authorizes the U.S. Department of Health and Human Services (DHHS) to review state child and family services programs to monitor conformity with the requirements in titles IV-B (Child and Family Services) and IV-E (Federal Payments for Foster Care and Adoption Assistance) of the SSA.6 The Children's Bureau, of the Administration for Children and Families (ACF) within DHHS, implements the Child and Family Services Reviews (CFSRs) with the goal of helping states improve their child welfare (CW) services to best achieve the outcomes of safety, permanency, and child and family well-being. The CFSRs are used to assess state performance on seven outcomes resulting from an assessment of 18 individual items and seven systemic factors.

CFSR Child and Family Outcomes

CFSR case reviews are conducted over a six month period using a randomized sample of 65 cases that were either open or opened within an AFCAR period that include 40 children in foster care and 25 families receiving in-home services. The case review process includes interviews with key case participants including parents, other caregivers, children, resource parents, and caseworkers. An Onsite Review Instrument and Instructions (OSRI) is used to collect the case information and data via an Online Monitoring System (OMS) supported by the Children's Bureau's CFSR Portal.

The 130 cases resulting in the data discussed in this Annual Progress on Services Report (APSR) were open or opened within AFCAR periods 18B or 19A and included 80 children in foster care and 50 families receiving in-home services. The data is from the CFSR Program Improvement Plan (PIP) monitored case review data completed from 4/1/19 – 3/31/20 with periods under review ranging from 4/1/18 – 3/31/20; and the Oklahoma's Statewide Automated Child Welfare Information System (SACWIS) known as KIDS. Within each item discussed, the source of the data is identified.

Safety

The safety of children is paramount within Oklahoma's CW system. Safety is a priority beginning at the time a report of child maltreatment is received, throughout the safety assessment process, and until a child is determined to be safe in his or her own home. Efforts to align safety assessment practices are ongoing across all Child Welfare Services (CWS) programs, including the Child Abuse and Neglect Hotline (Hotline), Child Protective Services (CPS), Family-Centered Services (FCS), Foster Care and Adoptions (FC&A), and Permanency Planning (PP). Through key activities within the 5/29/18 – 5/29/19 Round 3 CFSR PIP, all programs participated in the CFSR PIP Best Practices training that reinforced consistency within safety evaluation from program to program and challenged staff to partner with all programs to improve outcomes.

Through root cause analysis within all safety, permanency, and well-being outcomes, CWS identified consistency and quality supervision as areas needing improvement. The CFSR PIP largely focused on supervision development and support to ensure a strong foundation for the transfer of learning (TOL) and accountability from supervisors to field staff through the Safety through Supervision Framework. The framework's goal was to increase the accessibility, practicality, and relevancy of daily supervision to ensure better safety, permanency, and well-being outcomes within all programs. The Safety through Supervision Framework's intent was to impact all outcomes discussed below.

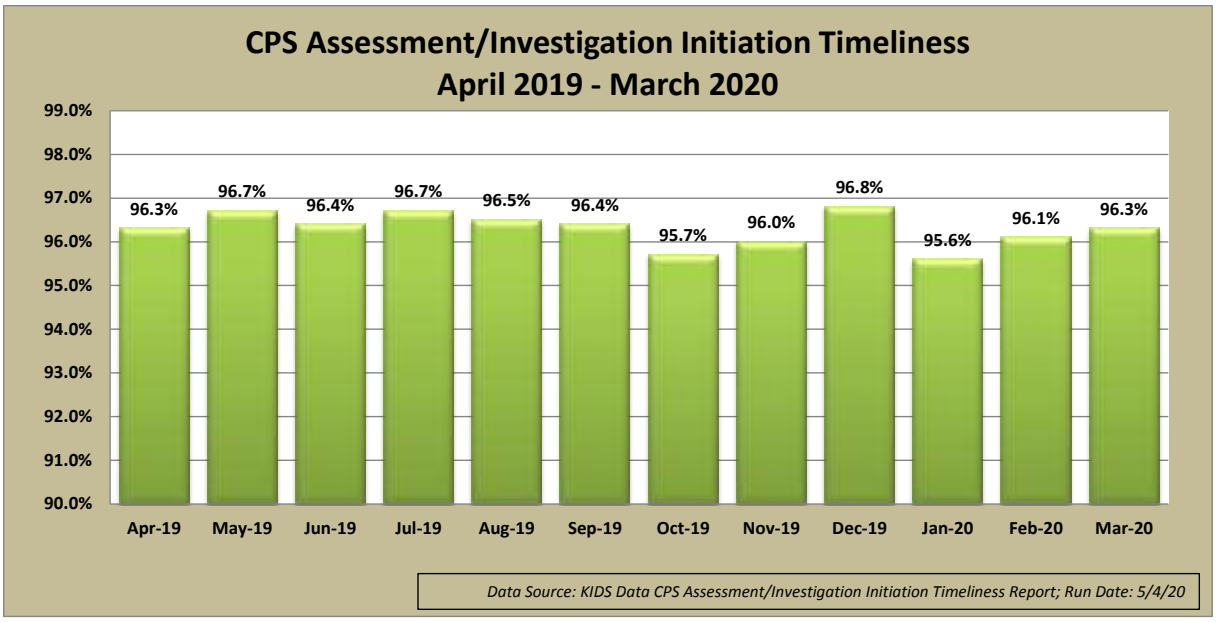
Safety Outcome 1
Children are first and foremost, protected from abuse and neglect.

Item 1: Investigation Timeliness

In Oklahoma, all reports of child maltreatment are processed by the centralized Hotline to determine whether a report is accepted and assigned for a CPS investigation or assessment (Alternative Response). A response time is also determined based on the severity and immediacy of the reported maltreatment. Reports that indicate a child is in present danger and at risk of serious harm or injury is assigned as a Priority 1 (P1) and a CW specialist's response occurs the same day. A Priority 2 (P2) designation is assigned to all other accepted reports with a response time based on the child's vulnerability and risk of harm. Response time on P2 investigations occurs within two to five-calendar days and on P2 assessments (Alternative Response) within two to 10-calendar days.

Timely initiation of CPS investigations and assessments is evidence of a commitment to safety. Oklahoma CWS defines initiation as the moment the first attempt is made to contact the child victim(s) face-to-face. Initiation timeliness is consistently a strong area for Oklahoma. The following data reflects state quantitative data for the reporting period of 4/1/19 – 3/31/20.

	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	TOTAL
% Within Policy	96.3%	96.7%	96.4%	96.7%	96.5%	96.4%	95.7%	96.0%	96.8%	95.6%	96.1%	96.3%	96.3%
# of Reports	2818	2837	3014	2705	2558	2994	3526	3154	3177	3092	2975	3416	36266
# Within Policy	2714	2744	2904	2616	2469	2886	3376	3028	3074	2957	2860	3289	34917
# Not Within Policy	104	93	110	89	89	108	150	126	103	135	115	127	1349
Average Length of Time to Initiate (Days)	3.4	3.3	3.3	3.3	3.3	3.2	3.3	3.4	3.4	3.5	3.5	3.4	3.4
Data Source: KIDS; Run Date: 5/4/20													



A difference exists in the above KIDS quantitative data which indicates initiation timeliness at 96.3 percent between 4/1/19 – 3/30/20 and the qualitative case review data which indicates initiation timeliness at 85.27 percent between 4/1/19 – 3/30/20. The case review data includes both timely initiation and timely face-to-face contact with all alleged victims in all accepted reports for the family. The family may have had multiple CPS investigations with differing initiation time frames for contact with the family as well as for timely face-to-face contact with all child victims. In comparison to the case review data reported in June 2019 that reflected initiation timeliness at 68.91 percent, Oklahoma CWS made an improvement of 16.36 percent for this item.

CFSR Case Review Data 04/2018 - 03/2020	**Performance Item Ratings**			**Outcome Ratings**			
Applicable Cases: 129	**Strength**	**ANI**	**Cases NA**	**Substantially Achieved**	**Partially Achieved**	**Not Achieved**	**Cases NA**
<u>Safety Outcome 1</u>: Children are, first and foremost, protected from abuse and neglect.				**85.27% n=110**	**0% n=0**	**14.73% n=19**	**n=1**
Item 1: Timeliness of Initiating Investigations of Reports of Child Maltreatment	**85.27% n=110**	**14.73% n=19**	**n=1**				
Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 4/22/20							

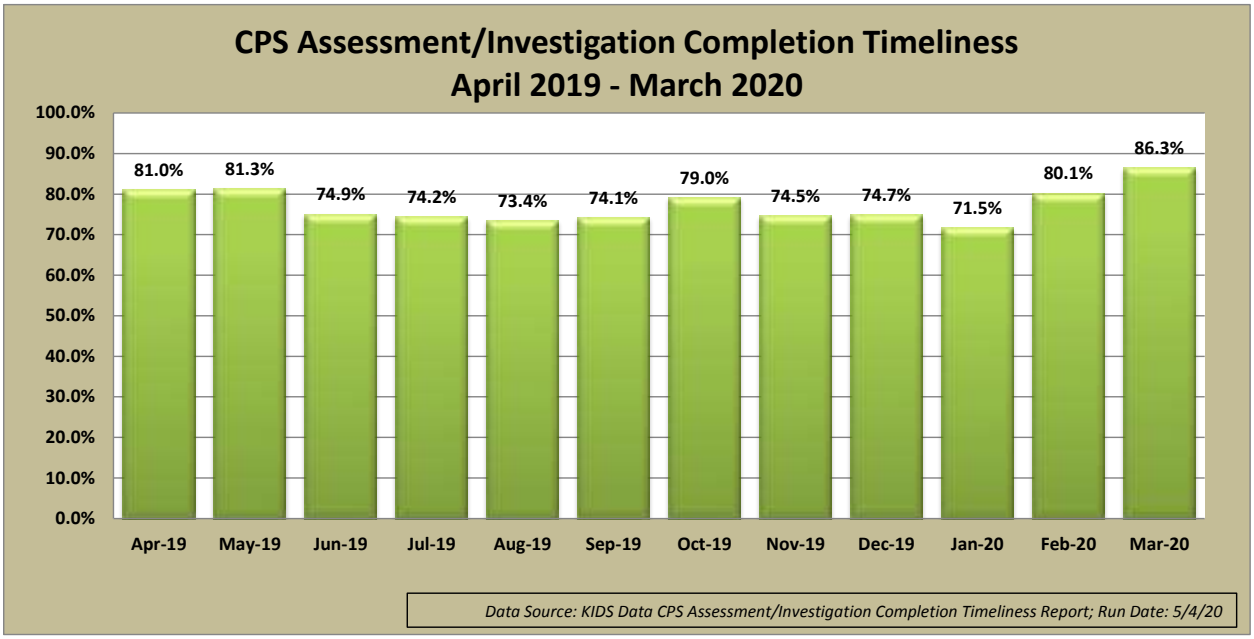
While the initial response time to accepted reports of child maltreatment is timely overall, follow-up attempts to make face-to-face contact with all alleged child victims, per CWS policy, continues as a focus area for improvement. Identified practices and barriers that impact this outcome include a lack of follow-up attempts to complete face-to-face contacts when failed attempts occur and/or a lack of face-to-face contacts with all alleged child victims within the specified policy requirements. These practices are

impacted by lengthy drive time in rural Oklahoma, staff vacancies, and variances in caseload distribution.

In addition to initiation, timely completion of CPS investigations and assessments is also a child safety indicator. From April 2019 through March 2020, CWS completed 77.2 percent of 36,121 CPS investigations and assessments within required time frames. Despite 2,334 additional assigned and completed investigations and assessments completed this year, CWS improved completion timeliness by 2.6 percent.

	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	TOTAL
% Within Policy	81.0%	81.3%	74.9%	74.2%	73.4%	74.1%	79.0%	74.5%	74.7%	71.5%	80.1%	86.3%	77.2%
Completed	2804	2819	2999	2693	2549	2984	3516	3143	3163	3085	2957	3409	36121
# Within Policy	2270	2293	2247	1999	1870	2211	2779	2343	2363	2206	2368	2942	27891
# Not Within Policy	534	526	752	694	679	773	737	800	800	879	589	467	8230
ALOT to Complete (Days)	46.0	45.9	49.2	48.9	48.7	48.0	46.5	48.5	49.3	51.2	45.7	43.9	47.6

Data Source: KIDS; Run Date: 5/4/20



Safety Outcome 2

Children are safely maintained in their homes whenever possible and appropriate.

Case review data for Safety Outcome 2, at 40.77 percent substantially achieved, reflects an increase of 22.8 percent in ensuring safety for children as compared to the June 2019 report of 17.97 percent. This is a direct result of multiple strategies CWS put in place focusing on the improvement of safely maintaining children in their homes, whenever possible and appropriate.

CFSR Case Review Data 04/2018 - 03/2020	Performance Item Ratings			Outcome Ratings			
Applicable Cases: 130	**Strength**	**ANI**	**Cases NA**	**Substantially Achieved**	**Partially Achieved**	**Not Achieved**	**Cases NA**
Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.				**40.77% n=53**	**27.69% n=36**	**31.54% n=41**	**n=0**
Item 2: Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry Into Foster Care	**69.79% n=67**	**30.21% n=29**	**n=34**				
Item 3: Risk and Safety Assessment and Management	**40.77% n=53**	**59.23% n=77**	**n=0**				
Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 4/22/20							

Item 2: Services to Family to Protect Children in the Home and Prevent Removal or Re-entry into Foster Care

Safety Outcome 2, Item 2 indicates that in 67 of 96 applicable cases, services to protect the child(ren) in the home and prevent removal or re-entry into foster care is a strength in 69.79 percent of cases. This rating is an increase of 23.12 percent compared to the June 2019 report of 46.67 percent.

CFSR Case Review Data 04/2018 - 03/2020	Performance Item Ratings		
Applicable Cases: 96	**Strength**	**Area Needing Improvement**	**Cases NA**
Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.			
Item 2: Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry Into Foster Care	**69.79% n=67**	**30.21% n=29**	**n=34**
Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 4/22/20			

Within the state, regional differences exist regarding the provision of appropriate safety-related services and ensuring caregivers are participating in those services through quality engagement with families. Two regions in particular, which have multiple rural counties, have the highest delay in referring families for services and ensuring caregivers are participating in those services. However, during the timeframe of these case reviews, the other three regions either completed, or were close to completing, the CFSR PIP Safety through Supervision Framework strategy which positively impacted this item. An improvement in the case practice impacting this item is anticipated for the two remaining regions in upcoming case review periods.

Removal of children from their home continued to decline during this reporting period.

Month	Removed at Beginning of Month	Removed During the Month	Exited During the Month	Removed at End of Month
March 2020	7761	305	284	7782
March 2019	7966	351	350	7967
March 2018	8741	334	425	8560
March 2017	9392	518	526	9384
March 2016	10281	478	430	10329
Data Source: Removals By Month Report; Run Date: 4/20/20				

CWS continues to enhance and expand prevention efforts through FCS cases as well as improve the provision of appropriate services for children in foster care prior to reunification and supportive services at the time of reunification to prevent re-entry into care.

New FCS Cases Open at Least 7 days by Month											
Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
123	124	125	124	113	117	110	99	107	113	107	138
Data Source: KIDS; Run Date: 5/4/20											

In State Fiscal Year (SFY) 19, 2,024 families were served through FCS. Comprehensive Home-Based Services (CHBS) and Intensive Safety Services continue to meet the complex needs of families being served preventively. Through resources provided through the Family First Prevention Services Act (FFPSA), CWS continues to increase prevention services for children at risk of entering the CW system through evidence-based treatment modalities. CWS continues collaboration efforts with the Oklahoma State Department of Health primary-prevention efforts as well as with the Oklahoma Department of Mental Health and Substance Abuse Services. Further information on resources is provided in other sections of this APSR including but not limited to the **Update to the Plan for Enacting the State's Vision**.

Re-entry into care remains below the target rate of 8.2 percent.

Item 3: Risk and Safety Assessment and Management

CW practices in the area of risk and safety assessment and management are related to both the initial and ongoing assessment of safety and the prevention of further harm to the child. Ongoing assessment is a continued evaluation of the initial identified safety concerns, as well as concerns that may be present during visitation with parents or other family members and in the foster care placement. This ongoing assessment provides information to determine when a child may be safely reunified with his or her family of origin or when alternative means of permanency must be pursued due to a lack of substantial behavioral changes or failure to correct the safety concerns. In addition, this ongoing assessment ensures a child's safety while in out-of-home care.

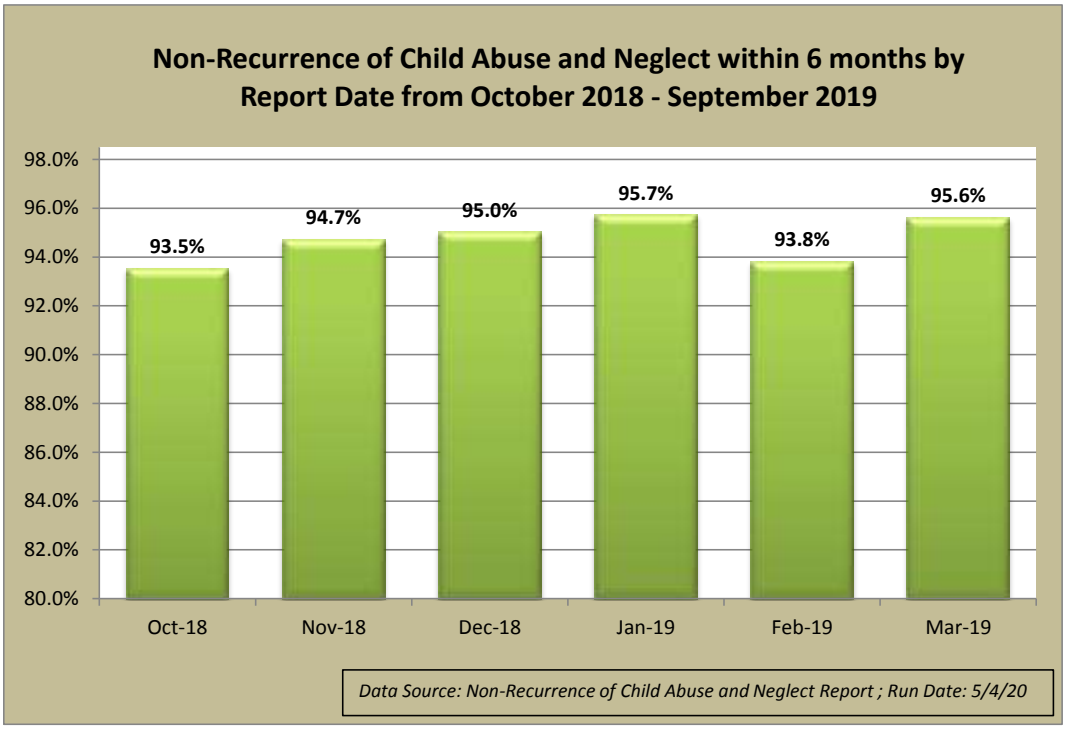
Case reviews indicate a common factor affecting this area is engagement in critical conversations with all parties involved, including children, parents, caretakers, foster parents, collaterals, and external stakeholders. The assessment of risk and management of safety threats are major factors that impact multiple items in the CFSR OSRI.

Case review data for Safety Outcome 2, Item 3, indicates that of 130 applicable cases, risk and safety assessment and management is a strength in 40.77 percent of reviewed cases. This rating is an increase of 22.8 percent compared to the June 2019 report.

CFSR Case Review Data 04/2018 - 03/2020	**Performance Item Ratings**		
Applicable Cases: 130	**Strength**	**Area Needing Improvement**	**Cases NA**
Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.			
Item 3: Risk and Safety Assessment and Management	**40.77% n=53**	**59.23% n=77**	**n=0**
Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 4/22/20			

CWS continues to utilize multiple strategies, including the CFSR PIP, toward improving safety decision-making and increasing positive outcomes for children and families while also building capacity to accurately identify safety threats and provide appropriate services to eliminate safety threats throughout the life of the case.

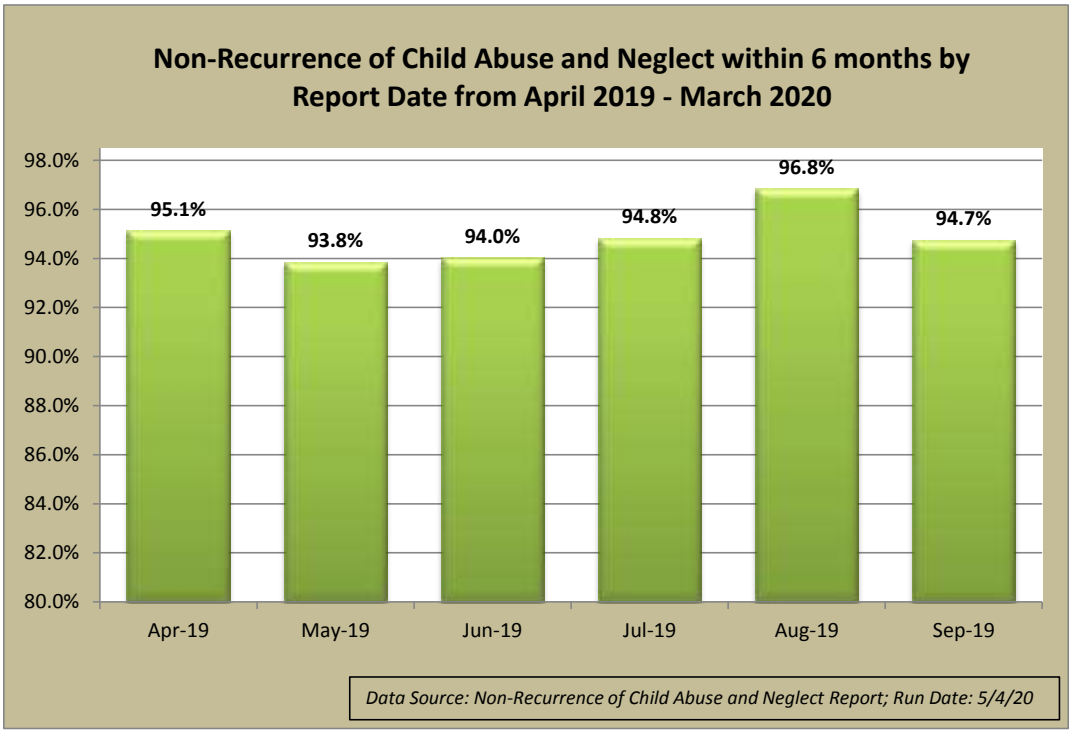
CWS tracks non-recurrence of child maltreatment by calculating of all children who were victims of a substantiated report of child maltreatment, what percentage were not victims of a substantiated report within six months. The following bar chart indicates that of all child victims in each month of October 2018 – March 2019, the noted percentage of children were not victims within six months. For example, of all child victims in October 2018, 93.5 percent were not victims in the following six months of November 2018, December 2018, January 2019, February 2019, March 2019, or April 2019.



In the following table, additional details are provided as to how the calculation of non-recurrence was determined plus a Total column that provides a monthly average of non-recurring victims at 94.7 percent. This table also indicates that for substantiated child victims in October 2018 – March 2019, when recurring maltreatment did occur, it occurred within an average of 93 days or about 13 weeks.

	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	TOTAL
% Non-Recurrence	93.5%	94.7%	95.0%	95.7%	93.8%	95.6%	94.7%
# of Confirmed	1310	1192	1106	1426	1256	1253	7543
# of First Confirmed	1302	1187	1068	1363	1215	1202	7337
# of Non-Recurrence	1217	1124	1015	1305	1140	1149	6950
# of Recurrence	85	63	53	58	75	53	387
Average Length of Time to Recurrence (Days)	102.7	75.8	104.2	91.4	98.5	83.7	93.4
Data is for Reports Received During First 6 Months of the Selected Period							
Run Date: 5/4/20							

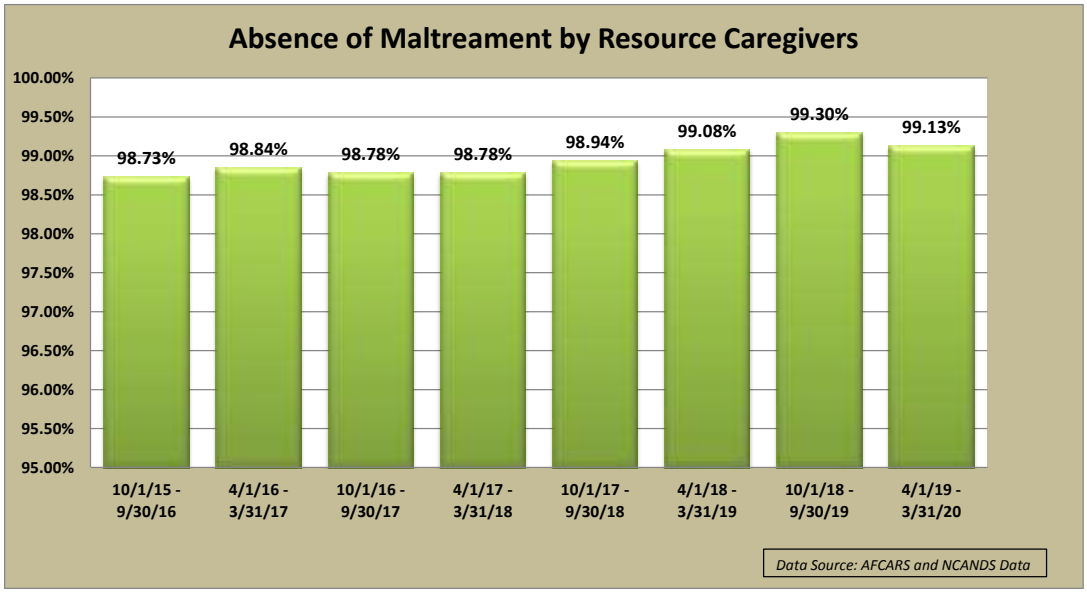
The following bar chart indicates that of all child victims in each month of April – September 2019, the noted percentage of children were not victims within six months.



In the following table, additional details are provided as to how the calculation of non-recurrence was determined plus a Total column that provides a monthly average of non-recurring victims at 94.9 percent. This table also indicates that for substantiated child victims in April – September 2019, when recurring maltreatment did occur, it occurred within an average of 96 days or about 13 weeks.

	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	TOTAL
% Non-Recurrence	95.1%	93.8%	94.0%	94.8%	96.8%	94.7%	94.9%
# of Confirmed	1363	1369	1234	1411	1606	1407	8390
# of First Confirmed	1353	1356	1204	1356	1532	1347	8148
# of Non-Recurrence	1287	1272	1132	1286	1483	1275	7735
# of Recurrence	66	84	72	70	49	72	413
Average Length of Time to Recurrence (Days)	97.8	92.5	101.5	80.7	96.2	109.6	96.4
Data is for Reports Received During First 6 Months of the Selected Period							
Run Date: 5/4/20							

Ensuring the safety of children placed in Oklahoma Department of Human Services (OKDHS) custody continues to be CWS' paramount priority. Specific strategies, such as completing qualitative-regional reviews of unsubstantiated and substantiated reports in home-like settings; sharing the outcomes of the reviews with specialists and supervisors to create group learning; specific targeted strategies within group homes; and enhanced practices and guidance for quality monthly contacts are in place to reduce the incidences of maltreatment of children while in OKDHS custody. Online training required of all CW staff outlines contributing factors and how to utilize resources and other consultation to support staff in reducing maltreatment in care. For the period 4/1/19 – 3/31/20, the current rate of absence of maltreatment by resource caregivers is 99.13 percent. The data reflects the percent of all children served in foster care during the 12-month reporting period that were not victims of substantiated or indicated maltreatment by a foster parent or facility staff member.



Permanency

CWS continues efforts towards preventing unnecessary family separation by keeping families safe, healthy, and together whenever possible before remedial efforts become necessary. These efforts are evident by the decreasing number of children entering out-of-home care since 2012. Work continues on safely achieving permanency for children and serving families preventively, whenever possible and appropriate. CWS remains focused on completing quality safety assessments to ensure the right safety intervention is made with the family. As the population of children entering care decreases, CWS is committed to enhanced efforts to support timely permanency of children in OKDHS custody.

Permanency Outcome 1

Children have permanency and stability in their living situations.

Improving and strengthening outcomes in permanency and stability is an ongoing commitment. These outcomes are ensured through focused efforts on the following three areas:

- Stability of Foster Care Placement;
- Child's Permanency Goal; and
- Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement.

Overall, the outcome ratings of case review data indicate children with permanency and stability in their living situation was substantially achieved in 28.75 percent, partially achieved in 58.75 percent, and not achieved in 12.5 percent of 80 reviewed cases. Substantially achieved ratings increased 18.49 percent from June 2019. To date, improvement in this outcome reflects CFSR PIP strategies and ongoing improvement is expected through the CFSP goals and objectives.

CFSR Case Review Data 04/2018 - 03/2020	**Performance Item Ratings**			**Outcome Ratings**			
Applicable Cases: 80	**Strength**	**ANI**	**Cases NA**	**Substantially Achieved**	**Partially Achieved**	**Not Achieved**	**Cases NA**
<u>Permanency Outcome 1</u>: Children have permanency and stability in their living situations.				**28.75% n=23**	**58.75% n=47**	**12.5% n=10**	**n=0**
Item 4: Stability of Foster Care Placement	**63.75% n=51**	**36.25% n=29**	**n=0**				
Item 5: Permanency Goal for Child	**67.5% n=54**	**32.5% n=26**	**n=0**				
Item 6: Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement	**43.75% n=35**	**56.25% n=45**	**n=0**				
Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 4/22/20							

Item 4: Stability of Foster Care Placement

Stability in foster care placements includes not only the number of moves a child experiences but also an evaluation of the reason for the move. All moves were examined thoroughly to determine if a move was planned, purposeful, and meaningful with the intent to improve the child's permanency outcomes. Permanency Outcome 1, Item 4, reflects placement stability as a strength for 63.75 percent of 80 cases reviewed. When compared to the June 2019 report of 46.15 percent of 78 applicable reviewed cases, this is an increase of 17.6 percent.

CFSR Case Review Data 04/2018 - 03/2020	**Performance Item Ratings**		
Applicable Cases: 80	**Strength**	**Area Needing Improvement**	**Cases NA**
Permanency Outcome 1: Children have permanency and stability in their living situations.			
Item 4: Stability of Foster Care Placement	**63.75% n=51**	**36.25% n=29**	**n=0**
Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 4/22/20			

Appropriate and stable placements are integral to successful outcomes for children and ongoing efforts by CWS continue in increasing placement stability. Targeted placement stability efforts are addressed in this report under the **Update to the Plan for Enacting the State's Vision,** Goal 2.

Additionally, ongoing placement stability efforts are a primary focus of the Continuum of Care development by identifying and addressing gaps in the placement and service array system that prevent children and youth from thriving in foster care. The Continuum of Care development is addressed in this report under the **Update to the Plan for Enacting the State's Vision**, Implementation and Program Supports.

Item 5: Permanency Goal for Child

Timely identification of an appropriate permanency goal for the child impacts safety, achieving timely permanency, and overall positive outcomes for the child's family. KIDS data reflects the number of children with an initial documented goal established per policy timeframes. For the period April 2019 – March 2020, 98.8 percent of children had a case plan goal documented in KIDS.

CFSR Item 20 - Period Ending 03/31/2020 - 19B - 20A				
Period	Children in Care	Number of Children that should have a Case Plan Goal	Number of Children with a Case Plan Goal	Percentage
15B - 16A	16,616	15,499	15,340	99.0%
16B - 17A	15,817	14,763	14,584	98.8%
17B - 18A	14,446	13,645	13,489	98.9%
18B - 19A	13,503	12,673	12,578	99.3%
19B - 20A	12,675	11,917	11,775	98.8%
Data Source: KIDS Removals Table (Period 19B - 20A covers 4/1/19 - 3/31/20)				

Case reviews assess case circumstances, the appropriateness and timely establishment of all goals in effect during the period under review, and compliance with the Adoption and Safe Families Act (ASFA) regarding termination of parental rights (TPR) or TPR exceptions. Case reviews for Permanency Outcome 1, Item 5, indicate this is a strength at 67.5 percent, which is a performance increase of 12.37 percent when compared to the June 2019 report of 55.13 percent.

CFSR Case Review Data 04/2018 - 03/2020	**Performance Item Ratings**		
Applicable Cases: 80	**Strength**	**Area Needing Improvement**	**Cases NA**
Permanency Outcome 1: Children have permanency and stability in their living situations.			
Item 5: Permanency Goal for Child	**67.5% n=54**	**32.5% n=26**	**n=0**
Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 4/22/20			

The above strength rating requires that all elements must have occurred including the goal being documented in the case record, establishing timely, appropriate to the child's needs, and meeting ASFA requirements, when applicable. In looking at the individual elements of the 80 cases reviewed, all goals were established timely in 78.75 percent of cases; all goals were appropriate for 82.5 percent of cases; and TPR was filed timely or an exception applied in 71.43 percent of applicable cases.

Item 6: Achieving Reunification, Guardianship, Adoption, or Another Planned Permanent Living Arrangement

CWS is committed to achieving permanency in a timely manner for children in out-of-home care. The goal is to safely reunify children with their families, when appropriate, within 12 months of entering care. When reunification is not in the child's best interest, CWS strives to achieve permanency for the child through adoption, guardianship, or another permanent living situation.

Of the 80 cases included in case reviews, Permanency Outcome 1, Item 6, 43.75 percent made concerted efforts toward permanency. Since the June 2019 report, this is a 20.67 percent performance increase.

CFSR Case Review Data 04/2018 - 03/2020	**Performance Item Ratings**		
Applicable Cases: 80	**Strength**	**Area Needing Improvement**	**Cases NA**
Permanency Outcome 1: Children have permanency and stability in their living situations.			
Item 6: Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement	**43.75% n=35**	**56.25% n=45**	**n=0**
Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 4/22/20			

Of the 80 cases reviewed, indications included:

- 32 children with a goal of reunification - the agency and court made concerted efforts to achieve timely reunification in 14 cases;

- seven children with a goal of guardianship - four had concerted efforts to achieve timely;
- 44 children with a goal of adoption - case reviews found 19 had concerted efforts; and
- no children with a goal of other planned permanent living arrangement.

Note: the above numbers do not equal 80 cases as a child may have had more than one goal during the period under review.

The following data table reflects the permanency timeliness of all children in out-of-home care during this reporting period.

Permanency Timeliness	Current Period
Reunification in less than 12 months	56.3%
Guardianship in less than 18 months	63.5%
Adoption in less than 24 months	47.8%
Data Source: AFCARS and KIDS Data	

Several systemic factors directly impact the permanency rate, specifically judicial case reviews. Holding timely court reviews and permanency hearings, as well as addressing parental rights per required provisions, are vital to timely permanency outcomes for children. Period 19B-20A KIDS data reflects 95.9 percent of Periodic Hearings were held timely. For the same period, KIDS data reflects 89 percent of Permanency Hearings were held timely.

CFSR Item 21 - Period Ending 03/31/2020 - 19B - 20A						
Period	Children in Care	Number of Periodic Hearings Due	Number of Periodic Hearings Made	Percent of Periodic Hearings Made	Number of Periodic Hearings Made Timely	Percent of Periodic Hearings Made Timely
15B - 16A	16,616	25,391	25,006	98.5%	24,466	96.4%
16B - 17A	15,817	23,971	23,679	98.8%	23,260	97.0%
17B - 18A	14,446	22,046	21,832	99.0%	21,525	97.6%
18B - 19A	13,503	20,430	20,269	99.2%	20,014	98.0%
19B - 20A	12,675	18,665	18,157	97.30%	17,905	95.9%
Data Source: KIDS Removals Table (Period 19B - 20A covers 4/1/19 - 3/31/20)						

CFSR Item 22 - Period Ending 03/31/2020 - 19B - 20A						
Period	Children in Care	Number of Permanency Hearings Due	Number of Permanency Hearings Made	Percent of Permanency Hearings Made	Number of Permanency Hearings Made Timely	Percent of Permanency Hearings Made Timely
15B - 16A	16,616	10,735	9,713	90.5%	8,845	82.4%
16B - 17A	15,817	10,939	10,352	94.6%	9,936	90.8%
17B - 18A	14,446	9,953	9,400	94.4%	9,029	90.7%
18B - 19A	13,503	9,165	8,615	94.0%	8,270	90.2%
19B - 20A	12,675	8,145	7,559	92.8%	7,247	89.0%
Data Source: KIDS Removals Table (Period 19B - 20A covers 4/1/19 - 3/31/20)						

There must be a commitment from both the courts as well as the child welfare system to adjust and improve strategies based on this data. Collaborative efforts with the Court Improvement Project to engage with court systems in understanding the fundamental importance of scheduling timely court and permanency reviews are ongoing. These efforts were outlined in the CFSR PIP and continue as an objective under the State's Vision. Updates are addressed in this report under the **Update to the Plan for Enacting the State's Vision**, Goal 2.

Permanency Outcome 2
The continuity of family relationships and connections is preserved for children.

Maintaining and preserving the continuity of family relationships and connections for children is also a CWS commitment, and is accomplished through a comprehensive approach to five different opportunities:

- placement with siblings;
- visiting with parents and siblings in foster care;
- preserving connections;
- relative placement; and
- relationship of child in care with parents.

Of the 80 qualifying cases reviewed, case review data indicates an achievement of 57.5 percent. This is a 22.88 percent increase when compared to the June 2019 report of 34.62 percent achievement in 78 cases. Performance increased in all five items of Permanency Outcome 2, Items 7-11.

CFSR Case Review Data 04/2018 - 03/2020	**Performance Item Ratings**			**Outcome Ratings**			
Applicable Cases: 80	**Strength**	**ANI**	**Cases NA**	**Substantially Achieved**	**Partially Achieved**	**Not Achieved**	**Cases NA**
<u>Permanency Outcome 2</u>: The continuity of family relationships and connections is preserved for children.				**57.5% n=46**	**37.5% n=30**	**5% n=4**	**n=0**

Item 7: Placement with Siblings	**68.75% n=44**	**31.25% n=20**	**n=16**	
Item 8: Visiting With Parents and Siblings in Foster Care	**60.56% n=43**	**39.44% n=28**	**n=9**	
Item 9: Preserving Connections	**53.75% n=43**	**46.25% n=37**	**n=0**	
Item 10: Relative Placement	**86.25% n=69**	**13.75% n=11**	**n=0**	
Item 11: Relationship of Child in Care With Parents	**65% n=39**	**35% n=21**	**n=20**	
Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 4/22/20				

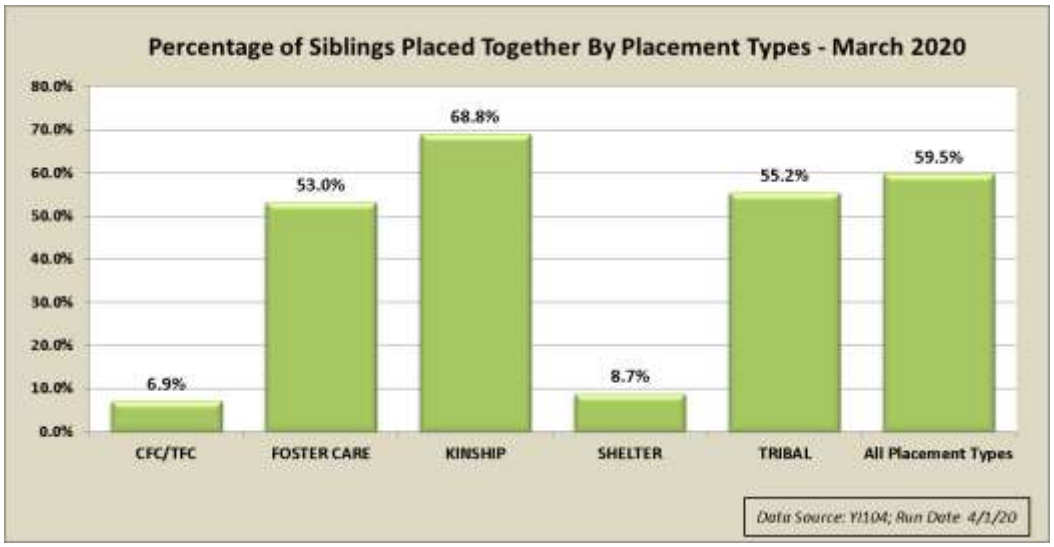
Item 7: Placement with Siblings

CWS understands the life-long value of sibling connections and the need for siblings to be placed together. Homes that can provide for the care and supervision necessary to ensure safety while meeting the sibling's permanency and well-being needs are essential and ongoing strategies address this need. Case review data, Permanency Outcome 2, Item 7, shows siblings placed together in 68.75 percent of 64 applicable cases. This rating increased by 3.84 percent since June 2019.

CFSR Case Review Data 04/2018 - 03/2020	**Performance Item Ratings**		
Applicable Cases: 64	**Strength**	**Area Needing Improvement**	**Cases NA**
Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.			
Item 7: Placement with Siblings	**68.75% n=44**	**31.25% n=20**	**n=16**
Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 4/22/20			

Initiatives within CWS continue to strengthen sibling placements through intentional case review of siblings not placed together. Throughout the life of the case, ongoing efforts to search for a resource home that accommodates the sibling group are required in cases when siblings are not placed together. Ongoing foster care recruitment activities include the search for resource homes willing and able to care for sibling groups.

For April 2019 – March 2020 sibling groups are more frequently placed together in kinship placement types. Thus, Actively Seeking KINnections efforts are a priority as outlined in this report under Goal 2, Objective 10, **Update to the Plan for Enacting the State's Vision**.



Item 8: Visiting with Parents and Siblings in Foster Care

Case review data regarding Permanency Outcome 2, Item 8, indicates frequent and quality visitation with parents and siblings in care as a strength in 60.56 percent of 71 applicable cases, which is a 16.9 percent increase since the June 2019 report.

CFSR Case Review Data 04/2018 - 03/2020	**Performance Item Ratings**		
Applicable Cases: 71	**Strength**	**Area Needing Improvement**	**Cases NA**
Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.			
Item 8: Visiting With Parents and Siblings in Foster Care	**60.56% n=43**	**39.44% n=28**	**n=9**
Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 4/22/20			

Item 9: Preserving Connections

CWS recognizes the importance of identifying and maintaining the child's permanent connections to kin, culture, and community. Efforts to improve practice in identifying and maintaining important connections for children continue. Permanency Outcome 2, Item 9, indicates a strength of 53.75 percent in 80 applicable cases. This rating increased 23.88 percent from the June 2019 report.

CFSR Case Review Data 04/2018 - 03/2020	**Performance Item Ratings**		
Applicable Cases: 80	**Strength**	**Area Needing Improvement**	**Cases NA**
Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.			
Item 9: Preserving Connections	**53.75% n=43**	**46.25% n=37**	**n=0**
Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 4/22/20			

Connection to the tribe is the child's right and compliance with the Indian Child Welfare

Act (ICWA) must be adhered to. CWS maintains and continues improvement efforts to meet ICWA compliance by:

- recognizing partnership with tribal partners is necessary;
- enhancing regional partnerships with tribes by facilitating and supporting regional tribal and state workgroups to promote cooperation, communication, consistency, and awareness of ICWA through case consultation, identification of resources, and sharing information to keep Native American children connected to their cultures;
- designating staff in each of the five regions as tribal liaisons; and
- appointing a statewide tribal liaison.

Further case review data analysis indicated sufficient inquiry to determine if a child was eligible for tribal membership occurred in 100 percent of reviewed cases. For children that this inquiry indicated may be eligible for tribal membership, timely notification of the tribe's right to intervene occurred in 100 percent of cases. Where ICWA was found to apply, concerted efforts to place the child within the ICWA placement preference were found in 93.33 percent of cases as compared to 61.54 percent in the June 2019 submission.

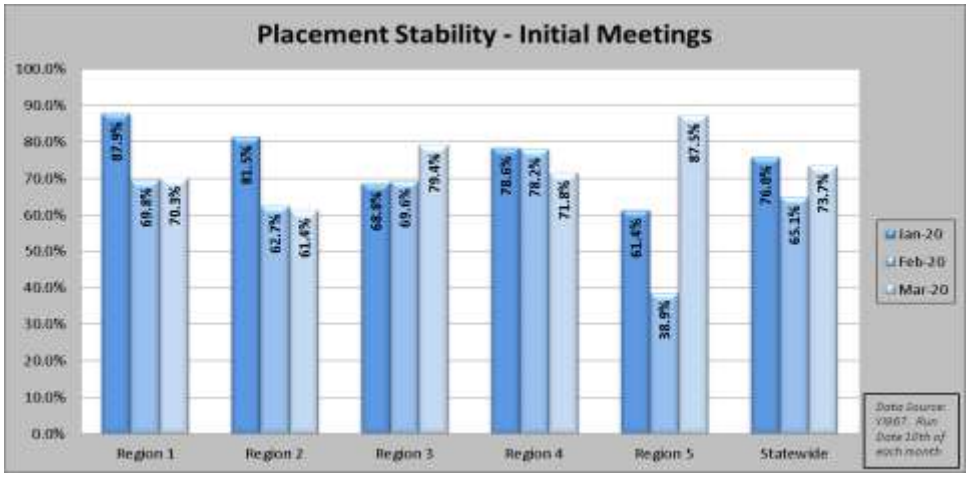
Item 10: Relative Placement

Early identification of appropriate and stable kinship placements for children helps improve outcomes for children and families. Permanency Outcome 2, Item 10, reflects that placement with a relative was a strength in 86.25 percent of 80 cases, which indicates an 18.72 percent improvement since June 2019. As relative placement continues to improve, siblings placed together is also improving as described previously under Item 7.

CFSR Case Review Data 04/2018 - 03/2020	**Performance Item Ratings**		
Applicable Cases: 80	**Strength**	**Area Needing Improvement**	**Cases NA**
Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.			
Item 10: Relative Placement	**86.25% n=69**	**13.75% n=11**	**n=0**
Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 4/22/20			

Efforts to support family engagement initially include completing a Child Safety Meeting with the family to determine the best level of intervention. When the child is brought into custody, an initial meeting (IM) is held between the parents, resource parents, and CWS to share information about the child, and how the resource family can best care for the child as well as to outline expectations surrounding visitation, the case plan, and whatever other support the family needs. Statewide in December 2019, an IM was held for 74.8 percent of children brought into custody. IMs were held for 76 percent of children in January 2020, and for 65.1 percent of children in February 2020. While compliance in completing an IM is important in impacting this outcome, significant efforts were made to improve IM quality as outlined in Goal 2, Objective 1, **Update to**

the Plan for Enacting the State's Vision.



Item 11: Relationship of Child in Care with Parents

Case review Permanency Outcome 2, Item 11, the data indicates sufficiency of building and maintaining the child's relationship with parents outside of visitation is a strength in 65 percent of reviewed cases, an increase of 14.09 percent when compared to June 2019. In determining the quality of visitation that occurs, the focus is on a positive visitation experience for the child and ensuring quality interactions with the mother or father and siblings.

CFSR Case Review Data 04/2018 - 03/2020	**Performance Item Ratings**		
Applicable Cases: 60	**Strength**	**Area Needing Improvement**	**Cases NA**
Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.			
Item 11: Relationship of Child in Care With Parents	**65% n=39**	**35% n=21**	**n=20**
Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 4/22/20			

Promoting, supporting, and/or maintaining a positive relationship between the child in foster care and his or her mother and father or other primary caregivers from whom the child was removed, through activities other than just visitation, continues as an area in need of improvement. Case reviews analysis indicates concerted efforts toward sufficient frequency, quality, and promotion of positive parent/child relationships were more often present with mothers than with fathers. Concerted efforts for mothers were found in 71.43 percent while these efforts for fathers were found in 63.41 percent of applicable reviewed cases. This reflects an improvement, since the report of June 2019, for mothers by 7.14 percent and for fathers by 28.53 percent.

Efforts to continue to improve the frequency, quality, and promotion of positive parent/child relationships with both mothers and fathers is outlined in this report under Goal 2, Objective 14, **Plan for Enacting the States Vision and Progress**.

Well-Being

The multiple components of this outcome demonstrate the connections of CWS practice throughout the life of the case to achieving successful permanency outcomes for children.

Well-Being Outcome 1

Families have enhanced capacity to provide for their children's needs.

The quality of CW staff engagement with the family in assessing strengths and needs, joint case planning, and identification and provision of appropriate services is critical in shaping the ultimate outcome of each case. As compared to the June 2019 report of 14.84 percent, the case review data for this outcome increased by 14.39 percent to 29.23 percent.

CFSR Case Review Data 04/2018 - 03/2020	**Performance Item Ratings**			**Outcome Ratings**			
Applicable Cases: 130	**Strength**	**ANI**	**Cases NA**	**Substantially Achieved**	**Partially Achieved**	**Not Achieved**	**Cases NA**
Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs.				**29.23% n=38**	**40.77% n=53**	**30% n=39**	**n=0**
Item 12: Needs and Services of Child, Parents, and Foster Parents	**35.38% n=46**	**64.62% n=84**	**n=0**				
Item 12A: Needs Assessment and Services to Children	**62.31% n=81**	**37.69% n=49**	**n=0**				
Item 12B: Needs Assessment and Services to Parents	**35.96% n=41**	**64.04% n=73**	**n=16**				
Item 12C: Needs Assessment and Services to Foster Parents	**68.35% n=54**	**31.65% n=25**	**n=51**				
Item 13: Child and Family Involvement in Case Planning	**48.06% n=62**	**51.94% n=67**	**n=1**				
Item 14: Caseworker Visits with Child	**55.38% n=72**	**44.62% n=58**	**n=0**				
Item 15: Caseworker Visits with Parents	**35.09% n=40**	**64.91% n=74**	**n=16**				
Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 4/22/20							

Practice areas impacting this outcome include initial and ongoing needs assessment and provision of appropriate services to children, parents, and foster parents; family involvement in case planning; and sufficient frequency and quality of caseworker visits with children and parents. Opportunity for improvement within the CFSR PIP included the family meeting continuum as a strategy to impact family engagement by increasing family involvement early in the case. The family meeting continuum provides opportunities for structured and transparent conversations with children, parents and foster parents at key points throughout the life of a case. Ongoing strategies and updates are included in the **Update to the Plan for Enacting the State's Vision.**

Item 12: Needs and Services of Child, Parents, and Foster Parents

For families to have enhanced capacity to provide for their children's needs, CWS must accurately assess and provide appropriate services to meet the individual needs of the children, parents, and foster parents. Both initial and ongoing assessment of children, parents, and foster parents to adequately address the relevant issues and attain case plan goals is critical to achieving positive outcomes. Item 12 case reviews indicate strength in 35.38 percent of the reviewed cases. This rating is a 17.41 percent increase since June 2019.

CFSR Case Review Data 04/2018 - 03/2020	**Performance Item Ratings**		
Applicable Cases: 130	**Strength**	**Area Needing Improvement**	**Cases NA**
Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs.			
Item 12: Needs and Services of Child, Parents, and Foster Parents	**35.38% n=46**	**64.62% n=84**	**n=0**
Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 4/22/20			

To receive a strength rating, no sub-item can be an area needing improvement. Individually, as described in the following narrative, improvement is reflected in the assessment of needs and provision of services in each sub-item.

Item 12A: Needs Assessment and Services to Child

The assessment of the child in relation to this outcome focuses on needs other than those related to the child's education, physical health, and mental/behavioral health. Needs assessment in the area of social and emotional development may include social competencies, attachment and caregiver relationships, social relationships and connections, social skills, self-esteem, and coping skills. In addition, assessment and provision of services occurs for Successful Adulthood for youth age 14 and older.

Case review data, Well-Being Outcome 1, Item 12A, reflects needs assessment and services for children in foster care and in-home cases are a strength in 62.31 percent of the 130 reviewed cases, an 18.56 percent increase over the June 2019 report.

CFSR Case Review Data 04/2018 - 03/2020	**Performance Item Ratings**		
Applicable Cases: 130	**Strength**	**Area Needing Improvement**	**Cases NA**
Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs.			
Item 12A: Needs Assessment and Services to Children	**62.31% n=81**	**37.69% n=49**	**n=0**
Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 4/22/20			

Further analysis of the case review data indicates that 82.5 percent of children reviewed had a comprehensive needs assessment that accurately assessed the child's needs, an improvement of 23.27 percent since June 2019; and the provision of services to meet those needs was 64.18 percent, a 33.11 percent improvement. The assessment and provision of services for all out-of-home safety plan monitors' needs related to the

child's care and protection is included in this area.

Item 12B: Needs Assessment and Services to Parents

Assessment of the parent's needs, whether formally or informally, focuses on having an in-depth understanding of the parents' individual needs related to their ability to provide appropriate care and supervision to ensure the children's safety and well-being. Case review data, Well-Being Outcome 1, Item 12B, reflects assessment of needs and provision of appropriate services for parents is a strength in 35.61 percent of 130 applicable reviewed cases. This data indicates a 12.95 percent increase since June 2019.

CFSR Case Review Data 04/2018 - 03/2020	**Performance Item Ratings**		
Applicable Cases: 114	**Strength**	**Area Needing Improvement**	**Cases NA**
Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs.			
Item 12B: Needs Assessment and Services to Parents	**35.96% n=41**	**64.04% n=73**	**n=16**
Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 4/22/20			

A concerted effort to accurately assess the mother's needs and address them was a strength at 55.74 percent, an improvement of 19.07 percent since June 2019. Efforts to accurately assess the father's needs and address those needs were a strength at 47.92 percent, an improvement of 27.09 percent.

Empowering families involves engagement throughout the life of a case. Focusing on improving parent assessments impacts parental engagement and child safety, as well as enhancing parental protective capacities; thus, reducing repeat maltreatment and improving timely permanency. Focused strategies continue toward improving engagement with parents to positively impact this outcome as outlined in Goal 2, **Update to the Plan for Enacting the State's Vision**.

Item 12C: Needs Assessment and Services to Foster Parents

Thorough assessment of foster parents' needs focuses on identifying what services and supports are needed to enhance the capacity to provide appropriate care and supervision to the children in their homes. Adequate assessment of these needs and provision of appropriate services are critical to maintaining a child safely in a stable placement and in achieving case plan goals. This area is captured in Well-Being Outcome 1, Item 12C. Case review data indicates needs assessment and services to foster parents as a strength in 68.35 percent of 79 applicable cases, which is a 25.11 percent increase compared to the June 2019 report.

CFSR Case Review Data 04/2018 - 03/2020	**Performance Item Ratings**		
Applicable Cases: 79	**Strength**	**Area Needing Improvement**	**Cases NA**
Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs.			

Item 12C: Needs Assessment and Services to Foster Parents	**68.35% n=54**	**31.65% n=25**	**n=51**
Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 4/22/20			

Item 13: Child and Family Involvement in Case Planning

FCS and PP policies require the development of all plans in collaboration with the family and further require active efforts to locate both parents and involve them in case planning. In addition to the parents, FCS and PP procedures require the caseworker to encourage the participation and involvement of other family members and substitute care providers in individualized service plan development. Qualitative analysis continues to support the need for additional staff education on individualizing service plans. CWS remains focused on utilizing the assessment of child safety and understanding protective capacities as a way to identify individualized services for parents, as well as ongoing engagement with the parent to ensure the services are high quality and effective in meeting the parent's needs.

Case review data, Well-Being Outcome 1, Item 13, reflects a strength in 48.06 percent of 129 applicable cases regarding involving the child and the family in case planning, resulting in a 14.73 percent increase when compared to the June 2019 report.

CFSR Case Review Data 04/2018 - 03/2020	**Performance Item Ratings**		
Applicable Cases: 129	**Strength**	**Area Needing Improvement**	**Cases NA**
Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs.			
Item 13: Child and Family Involvement in Case Planning	**48.06% n=62**	**51.94% n=67**	**n=1**
Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 4/22/20			

Item 14: Caseworker Visits with Child

FCS policies and procedures require weekly visits with children during the initial provision of in-home services, and based on case circumstances, visits may be reduced to twice monthly. PP policy requires CWS to visit each child in custody at least monthly with no more than 31-calendar days between visits. Additionally, both policies require that the frequency of visits increase as needed based on individual case circumstances.

CWS maintains a high percentage of cases meeting the standard of at least monthly visits based on KIDS data. For Federal Fiscal Year 19, 95.2 percent of monthly caseworker visits with children in foster care were completed timely. CWS is committed to shifting the culture away from only compliance and continuing to focus on quality for better safety, permanency, and well-being outcomes for a family and child.

Measure 1: Monthly Caseworker Visits Target - 95%	
FFY	**Percentage Completed**
FFY2015	95.2%
FFY2016	95.1%
FFY2017	95.0%
FFY2018	95.0%
FFY2019	95.2%
Data Source: KIDS WebFOCUS Caseworker Contacts Federal Measure 1	

Well-Being Outcome 1, Item 14, case review data indicates a need for ongoing improvement in the quality of visits in addition to an appropriate increase in visit frequency when circumstances indicate the need. However, over the last year, caseworker visits with children improved to 55.38 percent, an increase of 20.22 percent.

CFSR Case Review Data 04/2018 - 03/2020	**Performance Item Ratings**		
Applicable Cases: 130	**Strength**	**Area Needing Improvement**	**Cases NA**
Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs.			
Item 14: Caseworker Visits with Child	**55.38% n=72**	**44.62% n=58**	**n=0**
Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 4/22/20			

In order for a case to have a strength rating, the caseworker visit must meet both frequent and quality standards based on the case's circumstances. In looking at the standards separately, caseworker visit frequency was sufficient in 70 percent of the applicable reviewed cases while the quality of those visits was sufficient in 63.85 percent. This rating is a respective improvement increase of 20 percent and 16.16 percent.

Guidance on completing quality caseworker contacts with a child was provided through the CFSR PIP and included information to collect before, during, and after a visit. Before a visit, caseworkers contact service providers, medical providers, Developmental Disabilities Services, education, the CW resource specialist, and any other professional or collateral to obtain more information on how the child is functioning within the household. Caseworkers are encouraged to obtain as much information as possible before visiting the child to be able to address conflicting information during the safety assessment or to verify and support the current safety assessment.

During the visit, caseworkers gather information surrounding child functioning, discipline, parenting, and adult functioning from all individuals residing in the home. Caseworkers also discuss the permanency plan and ongoing efforts to achieve permanency, including service provisions, visitation with the person(s) responsible for the child (PRFCs), and any additional supports the foster family needs. The Child Behavioral Health Screener (CBHS) is utilized during the monthly contact to screen for behavioral services for the child. After the visit is completed, expectations are outlined for quality documentation. Supervisors review documented contacts and partner with

caseworkers on evaluation of the quality and sufficiency of information that supports if the child remains safe in the out-of-home placement.

Item 15: Caseworker Visits with Parents

The case review data for Well-Being Outcome 1, Item 15 indicates caseworker visits with parents is a strength at 35.09 percent. This rating is an improvement of 13.66 percent compared to the June 2019 report.

CFSR Case Review Data 04/2018 - 03/2020	Performance Item Ratings		
Applicable Cases: 114	**Strength**	**Area Needing Improvement**	**Cases NA**
Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs.			
Item 15: Caseworker Visits with Parents	**35.09% n=40**	**64.91% n=74**	**n=16**
Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 4/22/20			

Data indicates both frequency and quality of caseworker visits with both parents is still a practice needing improvement. Face-to-face caseworker visits with parents are required at a minimum of once per month; however, the applicable case review data indicates this occurred in 76.58 percent of cases for mothers and 52.87 percent for fathers. Sufficient quality of caseworker visits occurred at 57.66 percent with applicable mothers and 51.81 percent with applicable fathers.

CWS is committed to enhancing engagement activities with parents, but must first identify strategies of accountability in meeting monthly with mothers and fathers. These strategies are being developed and assessed through ongoing analysis from statewide and regional teams.

Well-Being Outcome 2

Children receive appropriate services to meet their educational needs.

Item 16: Educational Needs of the Child

Case review data, Well-Being Outcome 2, Item 16, indicates CWS accurately and thoroughly assessed and met the educational needs of children in 75.27 percent of 93 reviewed cases.

CFSR Case Review Data 04/2018 - 03/2020	Performance Item Ratings			Outcome Ratings			
Applicable Cases: 93	**Strength**	**ANI**	**Cases NA**	**Substantially Achieved**	**Partially Achieved**	**Not Achieved**	**Cases NA**
Well-Being Outcome 2: Children receive appropriate services to meet their educational needs.				**75.27% n=70**	**8.6% n=8**	**16.13% n=15**	**n=37**
Item 16: Educational Needs of the Child	**75.27% n=70**	**24.73% n=23**	**n=37**				
Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 4/22/20							

The rating includes both the accurate assessment of educational needs, which was found sufficient in 83.87 percent of applicable cases, and provision of services to meet identified needs was sufficient in 62.3 percent of applicable cases.

A correlation exists between placement stability and positive educational outcomes for children. When children remain safe and stable in a placement, support services, including educational services, remain consistent for the child. Continued focus on placement stability results in improved educational, behavioral, and physical outcomes for a child. CWS continues using the Child's Passport to provide resource parents with access to educational records on an ongoing basis. Improved caseworker training includes how to conduct critical conversations with children, parents, placement providers, and service providers about educational needs. Training also details continued enhancements to the Child's Passport and KIDS including direct linkage to the Oklahoma State Department of Education information to improve the ability to accurately assess and provide for the child's educational needs.

Well-Being Outcome 3

Children receive adequate services to meet their physical and mental health needs.

Accurately assessing the physical and mental/behavioral health needs of children is essential to ensure each child receives appropriate services addressing the identified needs, ensuring safety, maintaining placement stability, and increasing timely exits to permanency. The case review data, Well-Being Outcome 3, indicates CWS substantially achieved a rating of 35.16 percent in 128 of applicable cases. This reflects an increase of 4.21 percent since June 2019.

CFSR Case Review Data 04/2018 - 03/2020	**Performance Item Ratings**			**Outcome Ratings**			
Applicable Cases: 128	**Strength**	**ANI**	**Cases NA**	**Substantially Achieved**	**Partially Achieved**	**Not Achieved**	**Cases NA**
Well-Being Outcome 3: Children receive appropriate services to meet their physical and mental health.				**35.16% n=45**	**30.47% n=39**	**34.38% n=44**	**n=2**
Item 17: Physical Health of the Child	**46.73% n=50**	**53.27% n=57**	**n=3**				
Item 18: Mental/Behavioral Health of the Child	**53.97% n=68**	**46.03% n=58**	**n=4**				
Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 4/22/20							

Understanding and accurately assessing the physical and mental and/or behavioral health needs of children remains at the core of many collaborative efforts.

Item 17: Physical Health of the Child

Well-Being Outcome 3, Item 17, includes the needs assessment, provision of appropriate services to meet identified needs related to the child's physical health, and the appropriate oversight of medication to address needs. Case review data indicates accurate assessment and appropriate services provided to meet the child's physical

health needs are an area of strength in 46.73 percent of applicable cases. This represents a 2.18 increase when compared to the June 2019 report submission.

CFSR Case Review Data 04/2018 - 03/2020	Performance Item Ratings		
Applicable Cases: 107	**Strength**	**Area Needing Improvement**	**Cases NA**
Well-Being Outcome 3: Children receive appropriate services to meet their physical and mental health.			
Item 17: Physical Health of the Child	**46.73% n=50**	**53.27% n=57**	**n=3**
Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 4/22/20			

Assessments of physical health were found in 76.64 percent of applicable cases and in 50.62 percent of cases pertaining to dental health. Provision of appropriate services to meet identified physical health needs were found in 70.79 percent of applicable cases and in 41.54 percent of applicable cases for dental health needs. Appropriate oversight of medication was present in 69.23 percent of applicable reviewed cases.

Currently, CW nurses partner in meeting children's health needs and the overall CWS mission goals of safety, permanency, and well-being. The nurses have a primary focus on CPS cases; however, FCS and PP cases with medical needs are also often addressed by the nursing staff. Incoming referrals with medical allegations are triaged by the nurse manager for high, moderate, and low-risk medical concerns and a CW nurse is assigned accordingly. Staff is also responsible for notifying the nurse team when medical concerns arise during the course of an investigation or case. The CW nurses perform the following duties as needed specific to the child's needs:

- chart review and interpretation for caseworkers;
- chronologies for near-death and death cases;
- home visits that provide education, training, and oversight to families and foster families on medications, medical equipment and supplies, nutritional needs, growth and development monitoring, medical treatment plans, and emergency measures;
- medical representation at court;
- coordination of health and medical resources;
- collaboration with medical providers; and
- hospital and doctor's appointments, as warranted.

Ongoing analysis supports CWS in expanding the use of CW nurses to further the medical and physical well-being of children served by CWS. Additional information and updates are discussed in the Health Care Oversight and Coordination, **Targeted Plans within the 2020-2024 CFSP**.

Item 18: Mental/Behavioral Health of the Child

Well-Being Outcome 3, Item 18, considers assessment of mental/behavioral health needs, provision of appropriate services to meet those identified needs, and the appropriate oversight of medication to address needs. Case review data indicates accurate assessment and appropriate service provision to meet the mental/behavioral

health care needs of children was a strength in 53.97 percent of 126 applicable cases, which is a 5.64 increase compared to the June 2019 submission.

CFSR Case Review Data 04/2018 - 03/2020	**Performance Item Ratings**		
Applicable Cases: 126	**Strength**	**Area Needing Improvement**	**Cases NA**
<u>Well-Being Outcome 3</u>: Children receive appropriate services to meet their physical and mental health.			
Item 18: Mental/Behavioral Health of the Child	**53.97% n=68**	**46.03% n=58**	**n=4**
Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 4/22/20			

Further analysis of the applicable cases reviewed found accurate assessment of mental/behavioral health occurred in 69.84 percent with appropriate services provided in 46.15 percent of applicable cases. Sufficient oversight of prescription medication related to mental/behavioral health needs occurred in 66.67 percent of applicable cases.

Ongoing use of CBHS, quality engagement with children, parents, caregivers, and resource providers, and partnering with CWS mental health consultants continues to occur to ensure appropriate services are in place to meet children's physical and mental health needs. Additional strategies and efforts are provided in this report under the **Update to the Plan for Enacting the State's Vision,** Implementation and Programs Supports and Goal 3, Objectives 1-8.

CFSR Systemic Factors

Statewide Information System

Oklahoma's SACWIS, referred to as KIDS, is a comprehensive case management tool used by CW staff for documentation. The KIDS application functions as a case management system is the electronic case file for children and families served by OKDHS CWS. The KIDS application, which was the nation's first SACWIS, has been operational statewide since June 1995.

All CWS programs are incorporated into the KIDS application. This includes: Child Abuse and Neglect Hotline, CPS, FCS, FC&A, Training, Office of Client Advocacy, Interstate Compact for the Placement of Children (ICPC), PP, and the Successful Adulthood Program, formerly known as Independent Living. Policy contains Instructions to Staff on the data entry into SACWIS and is updated as policy changes. SACWIS is adapted to reflect practice and policy changes through quarterly updates. KIDS is the child's official electronic case record with supporting paper documents. A File Cabinet function allows users to store documents and photographs into the KIDS case record. Interfaces exist for Child Support, Eligibility, Financial Management, Human Resources, Oklahoma Healthcare Authority (OHCA), Oklahoma State Department of Education (OSDE), and Juvenile Justice Services to pull information onto the KIDS screen for a smooth, ongoing data exchange.

Application Strengths and Challenges

The KIDS application designed and built using the older client server framework from 25 years ago is now a major challenge. This framework has many inherent disadvantages over the newer N-tiered web-based systems. Client server applications are more difficult to maintain and more cumbersome to adjust. Currently, when an adaptive change is made to KIDS, a new version of KIDS must be pushed out in a scheduled release to every server in the state.

One of KIDS main strengths is it has a mature maintenance phase of the Software Development Life Cycle. The KIDS-Technology and Governance Unit, have dedicated information technology (IT) staff assigned solely to the KIDS project with years of experience working on the KIDS application. The IT staff is actively involved in monitoring and validating all data within the KIDS system, as well as any data coming into the system from external sources, such as OHCA and OSDE. The IT staff also monitors data exported from KIDS into all of the various regular reports. The Technology and Governance Unit has dedicated program staff co-located with the IT staff. Program and IT staff have open access to one another and collaborate to resolve issues and answer questions that come up regarding the application process and data issues.

Data Quality

Another critical part of SACWIS is the ability to generate quality data from KIDS. The Technology and Governance Unit has CW analysts directly assigned to work with

developers and business users to accurately identify data and work through complex data structures, as well as equally complex practice dynamics to best define data requirements. These analysts are also tasked with identifying and addressing data quality issues with field and programs staff.

The Technology and Governance Unit has specific analysts dedicated to various reporting responsibilities including federal-mandated reporting. Using software that identifies reporting errors on a regular basis, the analyst assigned to the Federal Reports Unit monitors the various federally required reports, such as the Adoption and Foster Care Analysis and Reporting System (AFCARS), the National Child Abuse and Neglect Data System (NCANDS), and the National Youth in Transition Database (NYTD).

Data elements for all CW federal reporting systems are integrated in KIDS and extracted to meet federal submission requirements. Data compliance, data quality, and the frequency utilities are run on a weekly basis for AFCARS. An automated AFCARS error notification is distributed weekly by email to CW supervisors and district directors. This notification includes an attached spreadsheet and contains errors for elements: 5 - periodic review, 23 - date of placement entry, and 43 - case plan goal. Guidance to understanding the error is included with the error notification, along with instructions for supervisors to enable the content and distribute it to staff. The weekly error notifications are reinforced by emails to CW specialists/supervisors by the Federal Reports staff. The email content identifies a particular AFCARS error, provides guidance for data entry, and also includes contact information when assistance is needed.

In addition, KIDS includes an AFCARS screen within the child's case at the child-client level. The AFCARS screen has several nodes that display data fields related to the child including information on the child's diagnosed disability information, removal, TPR, placement, foster family, court hearings, permanency plan, tribal custody, and finance. The screen allows for some direct data entry and can also display data entered from other screens. The Federal Reports Unit is responsible for running the AFCARS utilities weekly and monitoring the data compliance and quality. The Unit developed a macro for its "AFCARS Spreadsheet" that combines the data compliance and quality utilities information into a user-friendly tool for efficient staff monitoring and follow-up. The Federal Reports Unit strives to ensure that all elements are consistently under the two percent error threshold at the time of the data's submission. OKDHS CWS is repeatedly commended on its "continued commitment to ensuring high data quality."

The Federal Reports Unit also uses the NYTD Data Review Utility (NDRU) for monitoring the NYTD reporting system. The NDRU may be run up to three times weekly. Weekly error notifications are generated for NYTD elements: 17 - adjudicated delinquent, 18 - education level, and 19 - special education. The unit developed additional reports to assist with monitoring NYTD data. These reports are distributed to CWS program personnel within the Successful Adulthood program and to designated contract staff for the follow-up 19 and follow-up 21 report periods.

For all three reporting systems, AFCARS, NYTD, and NCANDS, combining the use of the federal utilities with CWS developed reports and exception reports improved the ability to monitor both compliance and data quality. Effective strategies for improving data quality are an ongoing challenge; however, data validation that involves direct contact with CW staff provides the opportunity to educate and encourage proper, thorough documentation. Ongoing data validation keeps the unit in touch with the functioning of both the KIDS application and the federal reporting extracts. Two WebFOCUS reports monitor federally mandated CW visitation: Caseworker Contact–Federal Measure 1 and Caseworker Contact–Federal Measure 2. These WebFOCUS reports update daily and are available to CW staff internally from a reports dashboard. The reports summarize compliance with the mandated standard and provide staff detail of children with missed visits. A "How To" document is available to assist staff in understanding the two reports. The Federal Reports Unit is available for consultation, guidance to staff, management on understanding errors and related data field, and in helping staff with corrections of data entered incorrectly, when needed.

The Federal reporting data quality process was adopted by the other reporting units at KIDS, as well. Specifically, Oklahoma's Pinnacle Plan Reporting Unit was created to meet the data demands that resulted from the class action lawsuit settlement agreement. Many of the measures OKDHS is mandated to report on, as outlined in the Pinnacle Plan, are taken directly from Federal CFSR Round 2 composite component measures, the federal caseworker visitation measure, federal data profile elements, and other sources. All detail data including NCANDS and AFCARS submission files are submitted monthly or semi-annually to the monitoring organization's data team for independent verification. In October 2014, the Pinnacle Plan monitors, known as Co-Neutrals, granted a finding of "Data Sufficiency" in assessing the progress on reporting on the agreed-upon Pinnacle Plan Metrics. This finding has been maintained for each subsequent reporting period.

The Foster and Adoptive Parent Online Child Passport Access Portal was created to provide access to the most accurate and up-to-date health and educational information for placement providers. This interface to KIDS from OSDE and OHCA databases allows easier access by the field and placement providers to a child's past and present health and educational history. The interface with OHCA and the OSDE includes an agreed upon set of predetermined data regarding all custody children. The data provided through the interface goes through a validation process to ensure the data's accuracy and confirmation that all data elements were transmitted.

KIDS staff offers statewide assistance for data cleanup that specifically targets AFCARS and NYTD data elements, while also providing field staff with guidance on any other data entry questions. Within KIDS, there are highlighted mandatory fields for federal data elements and a caseworker cannot bypass the field without entering the data element. KIDS also has programmed edits that prompt caseworkers to review missing federal data elements. These data elements are also in the specialized screens listing all of the AFCARS data elements that show missing data fields and a summary of all AFCARS data elements pertaining to the child(ren) in the case.

Every caseworker receives training in the CW CORE Academy that includes using KIDS, and instruction on the importance of accurate documentation of those federal data elements. Additional training in the accurate documentation of the child's case record is available upon request or when identified as needed by program or management staff and facilitated by KIDS staff.

CWS program and field staff access numerous reports through WebFOCUS, which is an easy-to-use web-based reporting tool that allows the user to customize the screen view. Supervisors and managers receive training in the use of data contained in the reports, as well as the use of management screens within KIDS. Additionally, one-on-one or group reports training provided by KIDS staff is available upon request.

Statewide Systemic Data Elements

SACWIS requires tracking of four Statewide System Data Elements, the child's status, demographic characteristics, location, and goals for placement of every child. Several items are in place to ensure the information is documented into KIDS. For example, a child's removal begin date must be entered in KIDS to identify the child as being in out-of-home care and subsequently entered into a placement.

KIDS information about a child's status can be reported at any time. Currently within KIDS, the 20A AFCARS population for 10/1/19 through 3/31/20 indicates: 10,446 children are in the population and 10,439 or 99.9 percent have a documented legal status of Emergency, Temporary, Permanent, or Voluntary Custody; 1,171 or 11.2 percent of children in that population have TPR to one parent only; and 2,801 or 26.8 percent have TPR for two parents.

The child demographic information has many procedural checks in place, as previously discussed, to ensure that all AFCARS and NCANDS required information is complete for a child or identified when the information is missing.

The location of a child in care or "placement" is required by policy to be documented within two-business days of placement. A child's placement must be documented in KIDS for the placement provider to be reimbursed for services rendered. A report was developed to identify all children in out-of-home care without a documented placement in more than 48 hours. The Data and Strategy Analysis Unit at KIDS sends this report out weekly to notify staff about the missing placements.

For each placement documented within a child's case, the specific placement provider's resource information is in the child's case within KIDS. The placement provider's resource information contains more detailed information on the resource's demographics, such as address, phone number, and household member(s). When a resource is contracted through a contracted agency and not through OKDHS, then the contracted agency along with contracted home is also identified in KIDS. This way, a child's exact location is identified within KIDS. For example, during the time period of 4/1/19 – 3/31/20, 12,326 children were served in care. Of those, 7,775 children were

still in care on the last day of the reporting period, and 7,770 of those children, 99.9 percent, showed to be in a documented placement in KIDS.

A child's case plan goal, Element 43, must be identified and documented within 60-calendar days of removal. A weekly error notification for Element 43 is generated when there is no approved case plan goal for a child who has been in care for 60-calendar days or longer. The approved case plan goal must be within the current removal episode and established after the date of the current removal. Of the 12,326 children in the served population during 4/1/19 – 3/31/20, 11,600 children, 94.1 percent, had a documented case plan goal as of 3/31/20. Of the 726 children without a documented case plan goal, 369 are listed as "not yet established," which indicates that the child was in care less than 60-calendar days, and 357 children were in care longer than 60-calendar days without a case plan goal documented in KIDS. Of the 357 children without a documented case plan goal, 48 children were still in care, 0.4 percent, of the total population served.

The KIDS reporting units ongoing validation efforts help identify missing information for children in the case record. KIDS also has the capability for programmers to run special data pulls that include compliance data based on transaction dates, such as the percent of children where case plans goals were not established in 60-calendar days from removal or the percent of placement changes not entered into the KIDS placement screens within two-business days, per policy. Upon approval, the 2021 APSR will be available at http://www.okdhs.org/sites/searchcenter/Pages/okdhsreportresults.aspx. The contact person is Sherry Skinner at (405) 312-0594 or Sherry.Skinner@okdhs.org.

Case Review System

Updates regarding the case review system are embedded in other sections of this APSR including but not limited to the above CFSR Outcomes, the **Update to the Plan for Enacting the State's Vision**, **Quality Assurance System**, and the **Update on the Service Descriptions**.

Quality Assurance System

Updates regarding the quality assurance system is located in the Quality Assurance section of this APSR.

Staff and Provider Training

Functioning of the provider training system is monitored by CW staff. The monitoring process ensures training occurs statewide for current or prospective foster parents, adoptive parents, and staff of state-licensed or approved facilities that care for children receiving foster care or adoption assistance under Title IV-E. State-licensed facilities include group homes. The monitoring process assures that training addresses the skills and knowledge base needed to carry out their duties for foster and adopted children.

Resource Homes

CWS continues to use Guiding Principles for the required 27 hours of pre-service resource family training (RFT). This training is provided for foster, adoptive, and kinship families through a contract with the University of Oklahoma National Resource Center for Youth Services (NRCYS). Resource family partner (RFP) agencies are responsible for conducting pre-service training for their prospective resource parents. Guiding Principles is used by NRCYS and all current RFP agencies.

NRCYS provides a year-end report that outlines statistical data on the number of participants and what was gained from the training. The SFY 19 year-end report recaps the most relevant information captured during the year from CWS information systems reports, NRCYS databases, event pre/post-survey results, and training evaluations. CWS receives quarterly reports throughout the contract year. During SFY 19, 105 training dates/locations were available statewide.

Participants by Type for Initial In-person Training

Participant Resource Type	Number of Participants Statewide	Percentages
Kinship	1661	71%
Foster	389	17%
Adoptive	259	11%
Other	16	1%

Data Source: National Resource Center for Youth Services SFY 19

NRCYS also offered four Training of Trainers (TOT) attended by 45 participants in SFY 19. Other trainings offered through the contract include in-service training to current foster and adoptive parents.

CWS and NRCYS offer online RFT that contains the same information as the classroom training and is another opportunity to participate in and complete training. Since the same information is covered, online RFT was designed to be the same number of hours; however, participants move through at varying paces. When both parents select to complete the training online, they must complete it individually. Feedback from families who completed online training continues to be positive. Below is a breakdown of the participants for SFY 19 pre-service online training.

Participants by Type Pre-service Online Training

Participant Resource Type	Number of Participants Statewide	Percentages
Kinship	686	63%
Foster	255	24%
Adoptive	125	11%
Other	23	2%

Data Source: National Resource Center for Youth Services SFY 19

During SFY 20, CWS and NRCYS actively continued their work with Spaulding on a

pilot pre-service training project for resource families called National Training and Development Curriculum. During this year, meetings, planning, and Training the Trainer sessions were held to prepare for the pilot classroom sessions to begin in SFY 21. When pilot classroom sessions begin, NRCYS will deliver this training to foster, adoptive, and kinship homes in Oklahoma County and contiguous counties. During the pilot, NRCYS will also include certain RFP agencies in trainings.

State Licensed/Approved Facilities

SFY 19 marks the end of the Guiding Principles pre-service training curriculum and Behavioral Crisis Management Training for therapeutic foster care (TFC) parents. After a great deal of research and evaluation on existing foster care training models, CWS selected the Pressley Ridge pre-service TFC training model implemented in July 2018. All new families certified in the TFC program after 8/1/18 no longer participated in the Guiding Principles training program. An exception within the FC&A Program was made for TFC families who later chose to adopt children placed in their homes. CWS believes the newly selected pre-service training, which consists of 36 training hours, better equips families with skill-based competencies when accepting placement of a child with significant behavioral health needs.

All TFC agencies use Pressley Ridge for pre-service TFC training model for families certified in the TFC Program.

Number of Families Completed Pressley Ridge between April 2019 – March 2020

Eckerd	Homebased Services and Resources (HBSR)	Oklahoma Families First Inc. (OFFI)	Youth Care of Oklahoma (YCO)	Choices for Life (CFL)
29	17	16	10	14

Data Source: Eckerd, HBSR, OFFI, YCO, CFL

TFC homes continue to complete 18 hours of annual or in-service training as compared to the 12 hours required in traditional foster care. The TFC agencies develop individual training plans based on a home's specific needs, including monthly group meetings by the contractors. Each TFC contractor is responsible for ensuring all pre-service training is completed prior to a home's certification and annual training hours are confirmed during the home's annual update.

During the COVID-19 statewide emergency shut-down beginning in March 2020, CWS provided the TFC agencies with temporary operating procedures regarding CW staff telework, visits by live video rather than face-to-face, weekly check-in calls with families, and counseling/therapy by Telemed. TFC agencies followed procedures provided to them by CWS leadership. CWS also supports the TFC agencies by conducting weekly calls via Zoom to discuss questions, concerns, and needs. TFC Program staff assisted TFC agencies in scheduling virtual Pressley Ridge pre-service training to ensure the approval process remained smooth and uninterrupted. TFC Program staff continues to be available to the TFC agencies by cell phones and email.

CWS requires contracted group home provider agencies to receive pre-service training in accordance with Child Care Licensing (CCL) mandates, and the state provider agency staff must complete orientation within 30-calendar days of employment. Orientation includes, but is not limited to, training in the areas of: confidentiality; resident grievance processes; fire and disaster plans; suicide awareness and protocol; emergency medical procedures; organizational structure; program philosophy; personnel policy and procedure; mandatory reporting of child abuse; and administrative policy and procedure regarding behavior management. CCL also requires staff training in cardiopulmonary resuscitation (CPR) and first aid within 90-calendar days of employment and prior to staff being solely responsible for caring for youth. CCL requires 12 hours of continuing education per calendar year for social services staff and 24 hours per calendar year of staff development courses for child care staff.

Contractually, CWS requires additional ongoing training. The contract reads "In addition, to meeting minimum training requirements for Child Care Licensing (CCL), Contractor's clinical staff and residential child and youth care professionals may choose from the following topics: stress management; coping skills; anger management; crisis intervention; typical childhood development and the effects of abuse, neglect, and traumatic stress on development; grief and loss issues for children in out-of-home placements; treatment of survivors of physical, emotional, and sexual abuse; treatment of children with disruptions in attachment; treatment of children with hyperactivity or attention deficit disorders; treatment methodologies for children with emotional disturbances; treatment of children with challenging behaviors; treatment of children and families with substance use or abuse and chemical dependency disorders; and group activities."

Additionally, group home contracts require all group home staff be trained in Managing Aggressive Behavior (MAB) and the Systematic Training to Assist in Recovery from Trauma (START). In 2020, CWS will utilize an internal staff member to participate in MAB and START training with the contracted providers to monitor contract compliance and assist with training, as needed.

Updates regarding CW staff training is located in other sections of this APSR including but not limited to, the **Update to the Plan for Enacting the State's Vision** and the **Update to the Training Plan**.

Service Array and Resource Development

Within the broader service array are statewide core services provided by a number of provider agencies to children and families. These services are available to all children and families residing in Oklahoma to both prevent entry into the CW system as well as to provide ongoing support upon exit.

	OKDMHSAS TANF/ Child Welfare Outpatient Substance Abuse Programs	Attorney General Certified Domestic Violence and Sexual Assault Programs	Attorney General Certified Batterer's Intervention Programs	Sexual Abuse Treatment	Parent Assistance/ Parent Education	Oklahoma Systems of Care
Region 1	Alva	Alva	Clinton		Cheyenne	Alva
	Clinton	Buffalo	El Reno		Clinton	Barnsdall
	El Reno	Clinton	Elk City		Cordell	Clinton
	Elk City	El Reno	Enid		Guthrie	El Reno
	Enid	Elk City	Guthrie		Medford	Elk City
	Fairview	Enid	Mustang		Perry	Enid
	Guthrie	Guymon	Stillwater		Ponca City	Guthrie
	Guymon	Ponca City	Woodward		Sayre	Guymon
	Pawhuska	Seiling	Yukon			Harper
	Perry	Shattuck				Kingfisher
	Ponca City	Stillwater				Laverne
	Stillwater	Woodward				Medford
	Watonga					Pawhuska
	Woodward					Pawnee
						Perry
						Ponca City
						Stillwater
						Watonga
						Woodward
Region 2	Ada	Ada	Ada	Norman	Altus	Anadarko
	Ardmore	Altus	Altus		Duncan	Altus
	Chandler	Ardmore	Anadarko		Norman	Ardmore
	Chickasha	Chandler	Ardmore		Purcell	Chandler
	Duncan	Chickasha	Chickasha			Duncan
	Hobart	Duncan	Lawton			Hobart
	Lawton	Lawton	Madill			Lawton
	Norman	Marietta	Norman			Madill
	Purcell	Norman	Pauls Valley			Norman
	Shawnee	Shawnee	Shawnee			Pauls Valley
			Tishomingo			Shawnee
						Sulphur
						Walters
Region 3	Oklahoma City	Oklahoma City	Midwest City	Oklahoma City	Oklahoma City	Oklahoma City
			Oklahoma City			
Region 4	Antlers	Antlers	Atoka			Antlers
	Hugo	Durant	Durant			Atoka
	Idabell	Eufaula	Holdenville			Durant
	McAlester	Hugo	Idabel			Eufaula
	Muskogee	Idabel	McAlester			Holdenville
	Okemah	McAlester	Muskogee			Hugo
	Okmulgee	Muskogee	Okmulgee			Idabel
	Poteau	Okmulgee	Poteau			McAlester
	Sallisaw	Poteau	Sapulpa			Muskogee
	Sapulpa	Sallisaw	Seminole			Okemah
	Tahlequah	Sapulpa	Tahlequah			Poteau
	Wagoner	Seminole				Sallisaw
	Wilburton	Stigler				Sapulpa
		Stillwell				Stillwell
		Tahlequah				Tahlequah
		Wagoner				Talihina
						Wagoner
						Wewoka
Region 5	Claremore	Bartlesville	Bartlesville	Tulsa	Tulsa	Bartlesville
	Grove	Claremore	Claremore			Commerce
	Jay	Grove	Grove			Grove
	Kansas	Jay	Miami			Miami
	Nowata	Miami	Tulsa			Nowata
	Pryor	Pryor	Westville			Pryor
	Tulsa	Sand Springs				Tulsa
	Vinita	Tulsa				Vinita
		Vinita				

Updates regarding the service array and resource development, both local and statewide, applies to other sections of this APSR including, but not limited to, the **Update to the Plan for Enacting the State's Vision** and **Update on the Service Descriptions**.

Agency Responsiveness to the Community

CWS provides direct staff support and technical assistance to aid communities in partnering to improve the local CW service array, as well as issues that relate to CWS. The CW Community Collaborative initiative is a project launched in 2012 with the intent

to develop and expand the model statewide. The model utilized includes a key informant survey to assist with identification of needs specific to the community; followed by the development and implementation of a plan to address priority issues. The CW Community Partnership team has assisted with the formation of three collaboratives. Below are updates that occurred within each collaborative during this reporting period.

Community	Identified Priority Needs and Issues	CWS Responsiveness to Priority Community Needs and Issues
Pottawatomie County – established in 2012	Improve family support services	Partners in Caring (PIC) Initiative Coordinated School Health Team continues to operate in seven school districts in Pottawatomie and Lincoln County. OKDHS has four school-based staff assigned between those two counties.
	Address poverty issues and economic conditions	CWS entered into a contract with Youth and Family Services in Pottawatomie County to provide financial support for a position to coordinate the PIC teams, in lieu of CW providing direct staff support.
Lincoln County – established in 2014-2015	Improve family engagement and access to quality services	CW Community Partnership staff coordinated the Lincoln County Partnership for Child Well-Being and updated the 2016 community needs assessment information identifying resources and needs across communities within the county. In response to the updated needs assessment, priorities were developed by the executive team and taken to the collaborative for a vote. The collaborative approved the decision to offer services to additional school districts in addition to the PIC districts of Meeker and Prague.
	Improve community collaboration efforts	Assisted the executive team in creating bylaws so the group could effectively better manage collaborative. The group's formalization allows the collaborative to apply for 501(c)3 status which would help fundraising efforts and grant writing. Once formalized structures were put in place, CW Community Partnerships transitioned staff support to the community.
Oklahoma County – established in 2014-2015	Improve successful family reunification, decrease time to permanency, and increase	The Family T.R.E.E. continues to use a multidisciplinary team comprised of experts in the areas of CW, psychology,

	placement stability.	behavioral/mental health, medicine, and domestic violence, as well as ICWA and Court Appointed Special Advocate partners. The team examines cases, reviews assessment results, and identifies and connects children and parents with appropriate services to shorten the length of time to reunification in addition to increasing reunification rates. In Oklahoma County, CW collaboration with Citizens for Children and Families Council's Foster Care Task Force identified a need for support for foster families in the areas of crisis services and respite care. Implementation planning is taking place to launch the Mockingbird Family Model project that will provide respite and support for foster families, as well as providing a home setting in which to transition youth from congregate care. The model increases placement stability for those in care in addition to improving the recruitment and retention of quality foster families. Additionally the Foster Care Task Force is working on a project to implement an Infant Early Childhood Mental Health Consultation program in Oklahoma County. The evidence-based program utilizes specially trained mental health consultants to partner with childcare centers to assist and support the childcare staff in meeting the needs of children with challenging and complex needs and behaviors.

With the support of the CW Community Partnership staff, the collaboratives secured $508,218 in additional private dollar funding this fiscal year, for a wide range of community-based initiatives to strengthen the local CW services array. Since inception, the Coordinated School Health Teams, Family T.R.E.E., and Road to Independence have collectively served more than 1,253 at-risk children and/or children affected by maltreatment in three counties. In Oklahoma County, since inception, The Road to Independence transition project has served 306 youth and 155 children have been served through the Family T.R.E.E. Center. The Pottawatomie and Lincoln County's Coordinated School Health initiative served 792 at-risk children through the inner school referral systems through the 2018-2019 school year. The 2019-2020 school-year numbers are still pending at this time.

The CW service array was strengthened, and resources for services to children and families increased through the community-based demonstration projects. Due to the current community model's intensive nature, the resources required to administer, and CWS' goal to scale a community program statewide, CW Community Partnerships is exploring other community models. CW Community Partnerships worked closely with the established collaboratives to move toward sustainability by the community. CWS transitioned coordination of the Pottawatomie County Collaborative and Lincoln County Partnership Collaborative to the community, and is encouraging involvement of the county CW staff.

In 2016, in response to requests from communities, CW Community Partnerships expanded collaborative efforts by maintaining the School-Based Services program previously administered through Adult and Family Services. The School-Based Services program provides critical services to at-risk students and families in the schools. CWS collaborates with local school districts to share the cost of the School-Based Specialist. In nine school districts, the number of specialists increased to 11, with plans for future expansion. CW Community Partnerships is working on program design to ensure consistency across the program and to provide measurable outcomes.

Other Community Efforts

The 111Project began in 2011 as an effort to raise awareness among the faith community about the need for foster homes and serves as the Oklahoma faith-based lead for the CarePortal, a joint effort between CWS and local faith communities to meet the needs of those served by CWS. The CarePortal is a technology platform created in 2015 by The Global Orphans Project and is active in the United States and Canada. The CarePortal launched in Oklahoma County in the fall of 2015, and since that time expanded to 20 counties. In July 2019, OKDHS CWS began contracting directly with The Global Orphan Project for the CarePortal, and in partnership with the 111Project. Statewide expansion of the CarePortal will be completed by 2023 based on an agreed statewide strategic plan. CarePortal resources assist with strengthening biological families and preventing removal, aid biological families before and during reunification, support foster and adoptive families, and support youth aging out of foster care. CarePortal's utilization increased access to resources for foster homes to meet the needs and safely care for children in OKDHS custody. So far in SFY 20, the CarePortal has served 2,371 Oklahoma children, with an estimated total economic impact of $890,106 dollars.

In the summer of 2018, CarePortal broadened its impact, adding the ability to accommodate requests for volunteers in three counties. Volunteers were recruited, approved, and trained by OKDHS staff to assist caseworkers with activities, such as attending to children in the office while placement is identified, assisting with parent transportation, and other unique opportunities for volunteers to actively engage with clients. CWS convened a committee to review current volunteer policy, understand barriers, and make recommendations on volunteer program supports to the CWS leadership. In response to feedback, a dedicated staff person was hired in December 2019 to address statewide updates needed to create a robust, CW specific volunteer

program. This program will allow for additional volunteer opportunities statewide and a uniform process and standards for all volunteers interacting with OKDHS.

CWS continues to partner with OK Foster Wishes, a program of the Oklahoma Institute of Child Advocacy. OK Foster Wishes works to raise awareness around foster care, supports foster parents and children in foster care by providing gifts during the Christmas holidays, and hosts a graduation party and gifts for youth in foster care who graduate from high school or obtain a GED.

CWS has a long-standing collaborative partnership with the Tulsa Advocates for the Protection of Children (TAPC), which serves Tulsa and the seven counties contiguous to Tulsa. Through an established MOU, CW Community Partnerships has staff housed at TAPC part-time. TAPC's programs provide support and services for children in out-of-home care placements. The services include the Foster Family Resource Center, which provides immediate access to required basic needs at initial placement and continued monthly support, as needed. Services also include providing gifts for children through the annual Christmas for Kids program; as well as meeting special requests for children in out-of-home care by providing funds for prom tickets and attire; extra-curricular activity fees; birthday gifts; and tickets to ballgames, zoo, museums, and camps.

Count Me In 4 Kids (CMI4K) is an interest group formed in Oklahoma County in 2012 that focuses on creating a forum for discussion and collaboration around at-risk children and youth, including children in foster care. The group is comprised of concerned leaders from business, education, government, faith communities, legal, law enforcement, medical, mental health service providers, and support organizations. The group meets quarterly to discuss its members' current activities of. During this reporting period, CMI4K developed a resource directory and partnered with Be A Neighbor, a new initiative of Governor Stitt's office designed to use technology to strengthen relational and service connections for Oklahomans seeking assistance, as well as those who want to help their "neighbor." Be A Neighbor is currently administered by OKDHS.

Safe Families is a privately funded program of "It's My Community Initiative." Safe Families recruits volunteers to provide support and connections to families who are involved in a CPS investigation or FCS case and are absent family supports that could prevent entry to foster care. CWS continues to work with the organization on strategies to expand Safe Families as safety monitors for prevention cases when families do not have identified friends or family who can serve in this role, as well as family "friends," in a volunteer mentor role. At this time, Safe Families serves central Oklahoma only, but a plan was developed that would allow future expansion. Nationally, the organization has a statewide partnership with Illinois and Oregon. The Safe Families model was evaluated by Chapin Hall and submitted for consideration by the FFPSA clearinghouse.

Other updates pertaining to ongoing consultation with tribal representatives, consumers, service providers, foster parents, the juvenile court, and other public agencies applies to other sections of this APSR including, but not limited to, **Update to the Plan for**

Enacting the State's Vision, **Quality Assurance System**, **Update on the Service Descriptions**, and **Consultation and Coordination Between States and Tribes**.

Foster and Adoptive Parent Licensing, Recruitment, and Retention

Standards Applied Equally

Resource Homes

CWS utilizes the standards detailed in policy. This helps to assure equal application of all standards in foster and adoptive homes.

Foster Care policy in Oklahoma Administrative Code (OAC) 340:75-7-10.1 and Adoptions policy in OAC 340:75-15-84 and OAC 75-15-87 provide direction for the screening process and requirements for prospective foster and adoptive families. Specifically policy states, "The requirements described in OAC 340:110-5 serve as the framework for families and DHS in the mutual assessment process used to select the most suitable home for the child in DHS custody in need of foster care." The requirements for foster homes are enumerated in this policy. Exceptions to some policy requirements are allowed after thorough assessment. Upon an applicant's or CW specialist's request, CWS, at its discretion, may grant an exception of specific rules or standards that do not compromise a child's safety or well-being and does not violate federal or state statutes. Exceptions may be granted, provided adequate standards affording protection for the health, safety, and welfare of the child exist and are met in lieu of the exact requirements of the rule or standard in question. Requests for exceptions can be made for requirements listed in OAC 340:75-7 Part 2, Development of Resource Families.

The FC&A Programs team continues to provide ongoing training to new and transfer staff both internally at CWS as well as staff with the RFP agencies. All new and transfer staff are required to attend an introductory level course, FC&A resource specialist training. This two-day course covers the basic requirements for kinship and traditional foster homes and provides a hands-on approach to assessing a prospective foster family. By opening this training up to RFP agencies, CWS ensures that the foster home standards outlined in policy are applied the same internally and externally.

CWS continues to work closely with RFP agencies to build consistency through the licensing, recruitment, and retention process by including them in trainings, meetings, and workgroups. RFP agency staff attends Resource Family Assessment (RFA) training prior to being allowed to complete RFA's and must also complete the annual RFA update training. The objective of both trainings is to provide information to enhance RFA quality and the initial assessment process for kinship, traditional and adoptive homes. RFP agency staff is invited to attend the TOT for the pre-service training, Guiding Principles, as well.

A Quality Assurance (QA) team was created specifically for the FC&A Program in June 2018. The team's first assignments included developing an RFA review instrument and

completing monthly reviews for a sample of approved traditional and kinship resources for the prior month. An additional review instrument, the Comprehensive Resource Review Instrument, was developed with the Continuous Quality Improvement team's input. The Comprehensive Resource Review Instrument encompasses a review of the initial approval process and all ongoing work with a kinship, foster, supported, and therapeutic foster care family. The instrument can also serve as an ad hoc tool to address a specific issue or concern. Ad hoc reviews are completed to fulfill requests made by leadership to gain a better understanding of the overall comprehensive quality of fieldwork and practice.

The QA team completed numerous debriefings for transfer of learning in discussions with FC&A field staff and RFP agency staff. The debriefings focused on practice strengths and opportunities for improvement. Based on feedback, the responsibility for debriefing QA reviews shifted to the assigned field manager for creating a feedback loop that improves practice and accountability. The QA team provides FC&A leadership with information regarding practice concerns and trends. When concerns or trends are identified, the information is shared with FC&A management to provide accountability and with FC&A Programs staff to address through clarification, training, or procedural changes.

Since establishment of the FC&A QA team in 2018, the approach to conducting resource reviews shifted from statewide to regional based upon feedback and data collection. A baseline of review data was not established with implementation of the regional reviews in May 2019. Data prior to May 2019 included a sample of statewide resource reviews that made it difficult to identify specific trends. Comparing statewide data to regional data would likely skew the results and not be reflective of true practice trends. CWS will establish a baseline of regional review data for comparison to findings in subsequent regional reviews.

To assess the initial kinship approval process and the relationship to safe and appropriate resource families, the FC&A QA team implemented a two-phase review system in September 2019. The first phase includes reviewing a kinship resource initially approved for a child's placement. The second phase includes a follow-up approval review of the same resources 60-calendar days after the initial kinship placement review was completed.

In conclusion, CWS implemented numerous efforts to improve the quality of resource home approvals and ensure standards are applied equally. The QA reviews provided valuable insight into practice strengths and concerns regarding resource family approvals. Information from the QA team's reviews was shared with applicable staff and the FC&A Programs team to create consistent communication and feedback loops. Supervisors and field managers continue to address practice concerns specific to their individual teams to help ensure accountability and improve practice. As a result of information sharing with the FC&A Programs team, guidance and training for Resource staff is continually developed or revised to address any identified concerns and enhance quality. The efforts aimed at improving the resource home approval process are

instrumental to ensuring the safety of children placed in foster and adoptive homes.

Residential Facilities

Approximately 98 licensed residential facilities are in the state, which include children's shelters, residential child care facilities, independent living programs, and residential treatment facilities. All the facilities have specific licensing requirements to follow, regardless of the funding type. These facilities are monitored throughout the year by OKDHS CCL staff, which completes one announced visit and two unannounced visits per year. Additional visits are made as needed. When non-compliance with licensing requirements is found, a plan of correction is initiated immediately and completion dates are included in the overall plan. CCL staff conducts a follow-up with the facility to ensure that the plan of correction was met. All facilities that want to be licensed must follow the licensing requirements standard for the program's type. The stages of progression are application, permit, additional permits, when needed, and then a non-expiring license.

Child-placing agencies are licensed to recruit and approve foster and adoptive homes. Specific licensing requirements are standard for each agency type. Approximately 61 licensed adoption and foster care agencies operate in the state. OKDHS CCL audits an agency twice a year. Any areas of noncompliance identified during the monitoring visit result in a plan of correction on the date of the visit, and follow-up, when necessary.

Additional processes exist for negative actions when a facility or agency fails to complete a plan of correction. A Notice to Comply may then be issued for a serious non-compliance issue, which requires a more specific plan of correction with a short completion timeframe. When failure to meet the agreement outlined in the Notice to Comply occurs, an office conference may be held to discuss the current status of their facility or agency, which may affect their license.

Requirements for Background Checks

CWS adheres to OAC 340:75-7-15 in Foster Care policy and OAC 340:75-15-84.1 Adoptions policy for background information searches and assessment of results for all household members in a prospective foster or adoptive home. To assist with conducting thorough criminal background checks and documenting results, the FC&A programs team updated the records check guide in March 2020. The guide assists with completion of the records check documentation form and assessment of criminal history results of all household members to ensure a child's safety when placed in the home.

The FC&A programs team developed two trainings on conducting thorough CW and criminal background checks, quality assessment of results, and approval at the appropriate level.

The first training, Records Check Training, is a beginner level training offered to new and/or resource specialists in need of a refresher; the training will assist in developing skills related to searching and documenting records in a quality manner. The training is

offered to Resource staff, RFP agencies, and TFC agencies.

The training is conducted experientially in a computer lab and participants are given a training book that includes step-by-step instruction for conducting criminal background searches, assessment tips sheets, records check guide, and examples of quality records check documentation forms. In December 2019, two sessions of Records Check Training were provided and included lead caseworkers from each region who could mentor and train new staff. In December 2019 and January 2020, two additional sessions of training were provided for Resource staff struggling with conducting accurate and quality records searches. Additional training opportunities will be offered regularly in the future.

The second training, Records Check Review and Approval Training, is a leadership level training required for all lead caseworkers, supervisors, and field managers. This training is offered to Resource staff, RFP agencies, and TFC agencies. This training is designed to assist in crafting skills related to reviewing and coaching staff for quality records checks, and approval at the appropriate level. The training participants are given a training book that includes coaching highlights, assessment tip sheets, records check guide and examples of quality records check documentation forms. Between January and May 2020, 11 training sessions were completed. The trainings will be offered regularly in the future.

State Use of Cross-Jurisdictional Resources for Permanent Placements

ICPC is a means to ensure protection and services to children who are placed across state lines. ICPC establishes orderly procedures for the interstate placement of children and affixes responsibility for those involved in placing the child.

The timeliness of home study decisions from other states impacts permanency for Oklahoma children.

The number of home study decisions received by Oklahoma ICPC from other states for the period of 4/1/19 – 3/31/20 for foster care, relative placement, and adoptive placements, within 60-calendar days is 118 out of a total of 308 requests sent, for a 38.3 percent timeliness rate. The number of home study decisions received between 61-75-calendar days added 17 additional home study decisions to the 118 completed within 60-calendar days for a total of 135 out of a total of 308 requests sent, for a 43.8 percent timeliness rate of decisions received within 75 days.

The ICPC Unit uses an internal Access database to track all incoming and outgoing ICPC requests and has maintained it since June 2001. The database was issued by the American Public Human Services Association and includes an entry for each child involved in an ICPC case. The ICPC Unit operates separate databases for public CW cases and private/independent adoptions.

Before calculating the number of home study requests, the database was filtered for:

- all outgoing foster, relative, and adoption requests;
- removed any cross-references of siblings going to the same out-of-state placement so only the number of home studies, not children referred, were accounted for; and
- obtained a list of all home studies referred out-of-state from 4/1/19 – 3/31/20 and counted the total number of requests referred during that period. Any requests that were not yet due at the time data was pulled for this report were excluded from the total number of requests sent.

The calculations for timeliness rate involved:

- counting the number of studies referred that were returned within 60-calendar days;
- counting those home studies completed within 61-75-calendar days;
- home study decisions received within 60-calendar days divided by total studies referred out to arrive at the timeliness rate for home study decisions received within 60-calendar days of referral; and
- adding the number of studies completed within 61-75-calendar days to the total studies completed within 60-calendar days to arrive at the timeliness rate for home study decisions received within 75-calendar days of referral.

The timeliness rate of home studies received by Oklahoma from other states improved 8.1 percent when compared to the previous reporting period. While there was an improvement when compared to last year's data, this rate continues to be an area of concern. It is important to note that timeliness is determined by the rate of how quickly other states are able to complete home study decisions in their states for placement of Oklahoma children. Per Regulation 2 of the Interstate Compact on the Placement of Children, "8. Decision by receiving state to approve or deny placement resource (100A) (a). Timeframe for final decision: Final approval or denial of the placement resource request shall be provided by receiving state Compact Administrator in the form of a signed ICPC-100A, as soon as practical but no later than one hundred and eighty (180) calendar days from receipt of the initial home study request. This six (6)-month window is to accommodate licensure and/or other receiving state requirements applicable to foster or adoption home study requests."

The timeliness of home studies received by Oklahoma from other states depends upon how each other state's ICPC programs and CW systems as a whole function, and several factors must be considered when reviewing these statistics.

- Outgoing ICPC requests are reviewed by the Oklahoma ICPC office within two-business days of receipt. When the Oklahoma ICPC office determines an outgoing packet is complete, it is immediately forwarded to the receiving state for completion.
- Oklahoma is able to scan some home study requests to receiving states; however, some states continue to only accept hard copies by regular mail. Using regular mail for transmission of home study requests has some impact on the timeliness factor. However, as more states join the National Electronic Interstate Compact Enterprise (NEICE), states are adapting their protocols to be able to

accept requests electronically through encrypted email, even if the sending state is not yet onboard NEICE.

- Generally, when a request is sent as "foster" or "adoption" these types of requests take longer to process as most states require these types of resource requests to become licensed. Many states have lengthy licensure processes that also create delays. In the states that will accept "relative" or unpaid requests, licensure may not be required so it is likely those types of requests receive a home study decision sooner than foster or adoption type requests.
- Oklahoma requests updates on any outgoing home study requests that are more than 60-calendar days old on a monthly basis to inquire as to the status and expected completion date. Some states are not responsive to these status requests.

When comparing data trends for the timeliness rate of home study decisions received from other states, the data indicates that the most recent reporting period shows the highest rate of studies received in a timely manner, both within 60-calendar days and within 75-calendar days. During the 2015-2016 reporting period, timeliness rates for studies received within 60-calendar days and within 75-calendar days were 32.16 percent and 40.81 percent, respectively. During the 2017-2018 reporting period, decisions received within 60-calendar days declined to 24.94 percent, and decisions within 75-calendar days declined to 36.25 percent, and during the 2018-2019 reporting period, decisions received within 60-calendar days improved to 30.21 percent while decisions received within 75-calendar days improved to 41.92 percent.

Oklahoma's ICPC rate of response to other states requests for home study decisions continues to be significantly higher compared to the rate of timeliness at which Oklahoma receives home study decisions from other states. The number of home study decisions sent by Oklahoma ICPC to other states for the period of 4/1/19 – 3/31/20 for foster care, relative placement, and adoptive placements, within 60-calendar days is 185 out of a total of 336 requests received, for a 55.1 percent timeliness rate. The number of home study decisions received between 61-75-calendar days added 25 additional home study decisions to the 185 completed within 60-calendar days for a total of 210 out of a total of 336 requests received, for a 62.5 percent timeliness rate for decisions received within 75-calendar days.

Before calculating the number of home study requests, the database was filtered for:

- all incoming foster, relative, and adoption requests;
- removed any cross-references of siblings going to the same out-of-state placement so only the number of home studies, not children referred, were accounted for; and
- obtained a list of all home studies received from out-of-state from 4/1/19 – 3/31/20 and counted the total number of requests received during that period. Any requests not yet due at the time data was pulled for this report were excluded from the total number of requests sent.

The calculations for timeliness rate involved:

- counting the number of home study decisions sent to the sending state within 60-calendar days;
- counting those home study decisions completed within 61-75-calendar days;
- home study decisions sent within 60-calendar days divided by total studies received to arrive at the timeliness rate for home study decisions sent within 60-calendar days of referral; and
- adding the number of home study decisions sent within 61-75-calendar days to the total study decisions sent within 60-calendar days to arrive at the timeliness rate for home study decisions sent within 75-calendar days of referral.

Compared to last year's reporting period, the timeliness rate for Oklahoma providing a home study decision to a sending state improved. Oklahoma started reporting the timeliness of home study decisions issued to other states during the 2017-2018 reporting period; and at that time decisions issued within 60-calendar days were at 42.18 percent while decisions issued within 75-calendar days were at 54.47 percent. During the previous 2018-2019 reporting period, Oklahoma provided home study decisions within a 60-calendar day timeframe on 46.33 percent of cases, and provided home study decisions within a 75-calendar day timeframe on 61.02 percent of cases. This year's data reflected positive trending when compared to the most recent reporting period. Oklahoma achieved a timeliness increase of 8.77 percent for decisions issued within 60-calendar days, and 1.48 percent timeliness increase for decisions issued within 75-calendar days. These improvements may be attributed to the overall focus on timeliness for home study decisions within CWS FC&A Program and ongoing monitoring and communication of the Oklahoma ICPC Unit for pending requests. Oklahoma will continue reporting on the timeliness of decisions issued to other states in the future and will address deficiencies as needed.

Updates regarding diligent recruitment of foster and adoptive parents is located in the **Updates to Targeted Plans within the 2020-2024 CFSP**, Foster and Adoptive Parent Diligent Recruitment Plan section of this APSR.

Update to the Plan for Enacting the State's Vision and Progress Made to Improve Outcomes

Implementation and Program Support

Child Welfare Services (CWS) continues its preparation for the Family First Prevention Services Act (FFPSA). CWS has implemented new initiatives to support the State's Vision, which includes the Continuum of Care (COC), the Building Bridges Initiative (BBI), and the Dave Thomas Foundation for Adoption (DTFA). Ongoing program supports include Intensive Safety Services (ISS), Annie E. Casey (AEC), and Continuous Quality Improvement.

Family First Prevention Services Act (FFPSA)
Reaching children and families sooner through prevention is the key to avoiding unnecessary trauma, disrupting intergenerational cycles of maltreatment, and achieving better outcomes for children and families. Strengthening programs and services designed to achieve measurable outcomes focused on maltreatment prevention and protection and the unnecessary removal of children from their families and placement into foster care will improve the safety, permanency, and well-being of children and families. With the passage of the FFPSA, CWS continues to enhance and expand prevention efforts through Family-Centered Services (FCS) cases as well as improve the provision of appropriate services for children in foster care prior to reunification and supportive services at the time of reunification to prevent re-entry into care.

CWS continues to complete readiness and activities, assessing the needed implementation supports and the overall implication FFPSA will have on prevention services from a programmatic and fiscal perspective towards the development of a Title IV-E Prevention Plan that will maximize on the funding opportunities. Oklahoma has many collaborative partners that are key for success in the CWS Vision. To encourage their involvement in the FFPSA implementation planning process, a FFPSA Steering Committee comprised of external stakeholders and internal staff was formed. The FFPSA Steering Committee formally met twice in 2019 to discuss the prevention provisions, particularly focusing on the "candidacy" definition and available prevention services that will meet the IV-E Clearinghouse criteria, as well as the congregate care provisions and the qualified residential treatment program (QRTP) requirements.

With the appointment of a new Oklahoma Department of Human Services (OKDHS) Director, and subsequently a new CWS Director in June 2019, CWS is working to further align the ongoing Pinnacle Plan and PIP strategies with the FFPSA provisions. Several initiatives within the whole of OKDHS are aimed at moving all social services "to a space of prevention, going 'upstream' to build" supports for families before they are in crisis. To ensure success in the various CWS strategies and FFPSA implementation, Oklahoma partnered with technical assistance (TA) providers, including AEC, Casey Family programs, purveyors of evidence-based programs, Chapin Hall, local universities, and the Capacity Building Center for States, along with appointing a dedicated FFPSA program administrator within CWS. CWS, in collaboration with the

Oklahoma State Department of Health (OSDH) primary-prevention efforts and the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS), aims to shift the agency's focus to primary prevention and family-centered services. The goal is to live out the vision that "Together we promote strong Oklahoma families" and ensuring an integrated system of care for all of Oklahoma's children and families.

Continuum of Care (COC)

To better understand the needs of children in foster care, improve connection to services, and inform the development of an improved continuum of care, CWS conducted a needs assessment on a sample of children in OKDHS custody. The population was limited to youth who were denied therapeutic foster care (TFC) services from 1/1/19 – 6/30/19, on the waitlist for TFC services as of 8/29/19, under the age of 13 in a group home as of 8/29/19, and under the age of 13 on a waitlist for group home services as of 8/29/19. This population was specifically chosen because of their complex needs and a suspicion that these youth may be underserved.

Assessment of the current service array, evaluation of the services' quality, and barriers to meeting the therapeutic needs of children were questions that guided data collection and analysis. Themes discovered from the qualitative analysis included labeling of youth; placements unprepared to handle complex behaviors; youth requiring time-intensive services; a lack of trauma training; and gaps within the service and placement array. The needs assessment confirmed that significant practice, process, and programmatic changes were needed to build a child welfare (CW) system that timely and systematically assesses the therapeutic needs of children in care and ensures those needs are met, when appropriate, in a family-based setting.

CWS created a set of eight strategies to address the noted areas from the needs assessment. The strategies include:

- Strategy 1: Develop a process for systematic evaluation and planning for children and youth with complex needs to increase the supports and service array for children and families.
- Strategy 2: Reduce the number of children and youth 13 years old and under in congregate and shelter care.
- Strategy 3: Reduce the length of time children and youth are placed in congregate and shelter care.
- Strategy 4: Expand and enhance the current TFC program.
- Strategy 5: Develop an Enhanced Foster Care (EFC) program with additional supports and services to serve children with complex needs in family-based settings.
- Strategy 6: Expand and enhance the Specialized Foster Care Program.
- Strategy 7: Create an avenue for information sharing and ongoing education with frontline staff, supervisors, district directors, field managers and other key stakeholders, and increasing knowledge about placement and treatment factors contributing to negative childhood experiences.

- Strategy 8: Request engagement with AEC program to assist with COC development and ongoing work with BBI.

Eight strategy workgroups are committed to ensuring the listed strategies are implemented and sustained within CW policies, procedures, and practices. The strategy workgroups include:

- Workgroup 1: Finance Streams and Contracts. This workgroup is committed to ensuring the appropriate finance streams are available to the work and that all contracts are assessed and updated to meet COC goals and objectives.
- Workgroup 2: Communications and Stakeholder. The primary focus of this workgroup is ensuring that internal and external voices are represented within the development of the Continuum and that all aspects of the COC are effectively and consistently communicated both internally and externally.
- Workgroup 3: Capacity Building and Service Array. This workgroup is committed to understanding and expanding the current service array within all parts of Oklahoma and supporting the ongoing development of congregate care and TFC providers. This workgroup is utilizing BBI supports.
- Workgroup 4: Screening Assessment and Placement Requests. This workgroup is focused on developing one unified placement request for all levels of care and defining when the Child and Adolescent Needs and Strengths (CANS) will be utilized within the placement continuum.
- Workgroup 5: Enhanced Foster Care (EFC). EFC is a new level of foster care that is elevated from kinship and traditional, but below TFC. EFC was developed to mimic TFC supports and services with systems of care, wrap around, and crisis intervention, while maintaining a child in a family-based setting. As of 6/1/20, 75 children and families receive EFC finances, services, and supports. The workgroup's goal is to embed EFC in the placement continuum and utilize the enhanced supports and services before a child is impacted by placement instability. Additionally, this workgroup is partnering with ODMHSAS to utilize Community Behavioral Health Centers (CBHCs) as providers for EFC services.
- Workgroup 6: Continuous Quality Improvement. This workgroup's primary goal is to ensure that all processes created are streamlined and have a clear assessment and evaluation process. As the COC is developed, all workgroups are committed to assessing and evaluating the program so that improvements can be made in real time.
- Workgroup 7: Dual Certification. This workgroup is focused on streamlining processes for foster homes identified for EFC to dually certify as TFC foster homes, when appropriate.
- Workgroup 8: Specialized Foster Care. This workgroups primary goal is updating policy and procedures for recruiting, approving, supporting, and maintaining specialized foster care homes.

A centralized multidisciplinary team (MDT) was created in December 2019 to identify and assess children for the EFC program and other therapeutic placements and services. The centralized MDT includes representatives from the CWS Clinical Team,

tribes, CWS nurses, OKDHS and private agency foster care staff, ODMHSAS, the Oklahoma Health Care Authority (OHCA), Oklahoma Office of Juvenile Affairs (OJA), and any others as needed. The centralized team has staffed around 65 children at the time of this report. Many of the children are currently placed in congregate care facilities, shelters, or crisis treatment. The MDT's goal is to support the assigned specialist in transition and permanency planning, and building connections and supports for the child. Going forward, regional teams will be developed to staff children and youth that have complex needs, are instable in placement, or require intensive supports and resources. The MDT will identify the children that fit these criteria and utilize regional supports and resources to positively impact the child's well-being and permanency. All regional teams will be fully implemented by December 2020.

Building Bridges Initiative (BBI)

CWS began working with BBI group in November 2019. BBI came to Oklahoma and completed a two-day conference with the contracted group home providers focused on successful family engagement and aftercare strategies. In January 2020, CWS began planning to work with BBI to continue on improving the care provided to youth in congregate care. The COVID-19 pandemic delayed some implementation, but in June 2020 direct work begins with the providers and will continue over the next six to nine months.

Dave Thomas Foundation for Adoption (DTFA)

The Adoption Transition Unit (ATU) entered into discussions with Wendy's Wonderful Kids (WWK) and the DTFA about bringing the evidence-based WWK model to Oklahoma in early 2019, and fully implemented the model in September 2019. The WWK model contains eight major components, all of which are required to maintain model fidelity and thus positively affect outcomes identified through the research behind the model. ATU works diligently with DTFA staff and the assigned CWS WWK adoption program manager for ongoing training and guidance through each step along the way. ATU is reviewing all adoption and permanency efforts to assure the ongoing work falls within the model's scope. Those items that do not fall within the model's guidance will be reviewed to determine if the work is needed or can be retooled for a better fit within one of the model's components.

Intensive Safety Services (ISS)

The Title IV-E Waiver Demonstration Project was approved by the Children's Bureau in October 2014 and OKDHS began the following service interventions under the demonstration project July 2015 in Region 3, January 2017 in Region 1, July 2017 in Region 5, August 2017 in Region 2, and April 2018 in Region 4.

ISS is an evidence-informed addition to the Oklahoma Children's Services (OCS) service array that provides more immediate and intensive services to prevent child removal. Master's level behavioral health professionals, trained in Motivational Interviewing and Cognitive Behavioral Therapy, provide in-home services three-to-five times a week for four-to-six weeks. ISS offers additional services to address specific issues including:

- evidence-informed healthy relationships to address domestic violence; and
- evidence-based cognitive behavioral therapy to address parental depression.

Cases are stepped down to the Comprehensive Home-Based Services (CHBS) program using evidence-based and evidence-informed practices including Safe Care, Managing Child Behavior, and Motivational Interviewing.

Annie E. Casey (AEC)
CWS began collaboration with AEC in State Fiscal Year 20 to develop Oklahoma's COC. In January 2020, AEC began providing technical assistance with implementing multiple strategies to address gaps within the placement continuum that negatively impact permanency, placement stability, and overall well-being for children and youth experiencing the CW system. Efforts focus on building collaborative advancements with partners and developing case practice and critical resources, service and placement array, necessary to meet the therapeutic needs of children in family-based settings. AEC is supporting CWS in developing and implementing COC strategies.

Continuous Quality Control (CQI)
The CWS CQI/Quality Assurance (QA) system was utilized regularly throughout the reporting period as a program support to field staff in measuring progress and revising goals, objectives, and interventions of the Child and Family Services Plan (CFSP) as part of the Program Improvement Plan (PIP) process. This was primarily accomplished through the compilation and sharing of regional practice profiles created from the 65 Child and Family Services Review (CFSR) cases reviewed for the Adoption and Foster Care Analysis and Reporting System (AFCARS) 18B reporting period that concluded 10/31/19. Information in these profiles was shared with the CWS Executive Team and regional leadership teams included identification of strengths and areas needing improvement on all safety, permanency, and well-being outcome items 1-18, for each of the five regions. Additionally, data from other regularly occurring reviews, including but not limited to Initial Meetings (IMs), maltreatment in care (MIC), permanency safety consultations (PSCs), and ISS, which were completed by program and QA staff, were shared regularly with regional leadership. This qualitative and quantitative information sharing assisted regional leadership teams in formulating and revising their regional charters in measuring progress and improving overall practice.

During this reporting period, CQI staff became regular members of the regional leadership teams, attending their monthly team meetings to provide consultation, feedback, and support based on data derived from completed reviews across various areas of work. Specifically in Region 5, QA staff are fully enmeshed with the regional leadership team becoming involved in several projects, including spear-heading work on quality caseworker visits and being members of Region 5's MIC steering committee. CWS CQI/QA leadership intends to continue CFSR case review data compilation, analysis, and feedback through regional practice profile development and sharing at ongoing and continued CQI Statewide Implementation Team (SIT) meetings. The purpose is to further measure and track progress on CFSP goals and advise on developing and revising regional charters, in efforts to sustain and surpass progress

realized through the PIP's recent completion. The second set of regional practice profiles was completed from the 65 CFSR cases reviewed for the AFCARS 19A reporting period and plans are in progress to ensure this data is effectively distributed to both the CWS Executive Team and regional leadership teams.

Goals and Updates to Objectives

CWS is committed to improving the safety, permanency, and well-being of children and families served by the Oklahoma CW system. OKDHS CWS seeks to accomplish the following goals during the five-year period of the 2020-2024 CFSP. Below are the objectives and progress made since the submission of the CFSP in June 2019.

Goal 1: **Decrease the number of unnecessary family disruptions by increasing prevention efforts in order to strengthen families, prevent child maltreatment, and keep children safely in their own homes.**

Impacts: Safety 1 and 2, Permanency 1 and 2, Well-being 1, 2, 3 and Items 1 through 18, 25, 26, 27, 29, maltreatment in care, timely permanency, and placement stability.

Measure	Baseline	Current Period	Target by End of FFY24	Data Source
Foster care entry rate per 1,000	5.3	4.7	4.0	NCANDS
Families who received preventative services from the state during the year – Family-Centered Services	2,024	2,024	2,500	KIDS Data
Absence of maltreatment in care	99.08%	99.13%	99.68%	NCANDS and AFCARS
Safety Outcome 2: Item 2: Services to family to protect children in the home and prevent removal or re-entry into foster care	51.06%	69.79%	95%	CFSR
Safety Outcome 2: Item 3: Risk and safety assessment and management	18.46%	40.77%	95%	CFSR

Objective	Progress
1.1 Increased use of Intensive Safety Services (ISS) developed through the IV-E Waiver Demonstration Project, and other well-supported or promising prevention services to keep children safely in their own home. Increased use of services will be monitored annually over	**1.1** From ISS implementation on 7/3/15 through the conclusion of the Title IV-E Waiver Demonstration Project on 9/30/19, 1,193 children received services. Of those, 982 did not come into OKDHS custody from the initial referral that triggered ISS assignment. From 4/1/19 to 12/31/19, 3,998 or 89.41 percent of children were successfully diverted from OKDHS custody through FCS. This includes ISS stepdown to CHBS cases. CWS ensured the expected ISS outcomes were in alignment with the outcomes of the 2020-2024

the five-year period, with a goal to increase the number of ISS services each year. As other well-supported and promising prevention services are identified, a target for use will be established. **(a)** Enhance the use of Comprehensive Home-Based Services (CHBS), Safe Care, ISS, and Motivational Interviewing in order to preserve families. Use of services will be monitored annually over the five-year period, with a goal to increase the number of families served though the identified evidence-based interventions each year.	Child and Family Services Plan (CFSP) and the alignment is monitored. The University of Oklahoma Health Sciences Center (OUHSC) conducts the ISS evaluation as required by the Children's Bureau and reports on the project's outcomes every six months in conjunction with CWS semi-annual project reports. The CWS QA team ceased reviewing ISS cases separately from the standard CFSR review on 9/30/19 as ISS is now statewide. However, the QA team continues to review FCS cases, including those with ISS, as part of the CFSR review. Within the FCS cases reviewed, the QA team reviewed a total of 17 ISS specific cases between 4/1/19 and 12/31/19. **1.1a** CHBS gives extra weekly supports in the home, along with the FCS specialist. This can be in addition to or a step down from ISS. This contracted service uses an evidence-based model, SafeCare, comprised of four education modules for caregivers on health, home safety, parent-child interactions, and problem solving and communication. A service completed by a paraprofessional through CHBS, known as Parent Aide Services (PAS) also provides basic parenting skills to caregivers. CHBS is the single largest service contract serving families whose needs encompass reunification, voluntary preventive services, services to maintain placements, and PAS. All CHBS services are available statewide. Periodic reports of the services waiting list kept by the OCS liaisons indicate that service capacity is not completely adequate to service needs. The state's ability to respond to the need for increased capacity is dependent on budget constraints. While no gaps exist in service statewide, the immediate availability of services can be an issue when the contractors reach capacity on the number of cases they can accept. Cases are then put on a waiting list. No absolute rule governs the assignment of cases on the waiting list, except that cases are not assigned on a first-come, first-served basis, or by case type. When openings present, each case on the waiting list is assessed to determine which cases are most urgent and need to be assigned. In some cases, the waiting list is not an option due to an immediate need for services. Prioritizing the waiting list is a part of the CWS OCS liaisons' duties. The liaisons review each case in totality and make a decision as to which cases receive services first when an opening is available. From 4/1/19 through 12/31/19, 1,137 families received CHBS services, excluding reunification case type. 4,787 unique, or non-duplicating, children were served through FCS, which was also 1,596 families. Less than 3 percent of children had a subsequent FCS case or removal after original FCS case closure. This finding is representative of the served numbers in previous years. This chart illustrates the number of children, already in OKDHS custody, who received CHBS services for the purpose of Maintain Placement.

	Children Receiving Comprehensive Home-Based Services (CHBS) - Maintain Placement Services **April 1, 2019 - March 31, 2020** **Children Referred for Services** | **Children Receiving Services** | **% of Children** 300 | 138 | 46.0% *Data Source: KIDS Data; Run Date: 4/20/20*
Objective	**Progress**
1.2 Increase access to evidence-based programs and services to support and prevent maltreatment and unnecessary family separation. Evaluation will occur through number of services available, relationship, and community collaborative. **(a)** mental health and substance abuse prevention and treatment services – number of services offered/clients served annually; **(b)** in-home parent skill-based programs that include parenting skills training, parent education, and individual and family counseling – number of services offered/clients served annually; and **(c)** partner with Domestic Violence programs to stop family violence – number of services offered/clients served annually.	**1.2a** OKDHS and the ODMHSAS collaborative supports relationship building between CWS district offices and ODMHSAS contracted providers, which strengthens local partnerships. These local partnerships assisted with accessible and quality evidence-based behavioral health treatment for children and families to help mitigate maltreatment and family separation. A report provided by ODMHSAS reflects 12,328 total customers engaged in substance abuse treatment during June 2019 - March 2020. In addition, 5,154 customers were referred to mental health treatment during June 2019 – March 2020. This State Fiscal Year (SFY) ODMHSAS served 4,980 clients through the CW Temporary Assistance to Needy Families (TANF) Substance Abuse contract. During April 2019 – March 2020, 615 children were served through Systems of Care (SOC) to support and provide resources and services to assist in preventing maltreatment and unnecessary family separation. **1.2b** Services beyond CHBS and ISS through SafeCare, SoonerStart, and other behavioral health services available to children in out-of-home care are the same as those with in-home FCS cases. However, the capacity around the availability of those behavioral health services for infants and young children is limited. Oklahoma is working to increase the workforce through the second round of the SOC grant, SOC^2, and the Project Launch grant through ODMHSAS and OSDH. The mission of the Community-Based Child Abuse Prevention (CBCAP) is to prevent child abuse and neglect by strengthening protective factors and mitigating risk factors. The OSDH is the lead agency for the CBCAP grant from the Administration for Children and Youth, Children's Bureau Office of Child Abuse and Neglect. Oklahoma CBCAP funds support a number of Tier 1 evidence-based child abuse prevention efforts, such as Children First - Oklahoma's Nurse Family Partnership (NFP) program, The Incredible Years Parent groups, The Incredible Years Treatment groups, The Incredible Years Classroom groups, Circle of Security, and Parent Child Interaction Therapy (PCIT). Children First provides the NFP home visiting model to first time mothers before the 29th week of gestation to the child's second birthday. Education services are provided through group settings to parents of infants, toddlers, preschool, or elementary age children.

	PCIT is an individual behavioral treatment program provided to children with a developmental age of two to seven years. The effectiveness and efficiency of the services are enhanced through the partnership between OSDH and the public and private program providers. OSDH and OKDHS CWS collaborate to ensure that the goals of CBCAP, Oklahoma's CFSP, and Annual Progress and Services Report (APSR) are aligned. OSDH is mandated through the Child Abuse Prevention Act, in Section 1-227 of Title 63 of Oklahoma Statutes, to house the Office of Child Abuse Prevention (OCAP). OSDH is also designated by the Governor as the lead agency for the CBCAP grant. OCAP provides funding through a request for proposal process to community organizations to provide evidence-based home visiting services. From April 2019 – September 2019, there were 1,325 families served through the Parents as Teachers model and 668 intake/assessments completed. **1.2c** From 10/1/18 – 9/30/19, the domestic violence crisis hotline received 25,751 calls. During this same period, 5,496 people were served in shelter through the Attorney General's Office certified domestic violence programs, comprising a total of 131,049 shelter nights. An additional 17,297 people were served with non-shelter services. Of those served in the shelter, 2,000 were children and 3,433 were women. Of all children served in both shelter and non-shelter services, 2,231 were age 12 or younger. 1,354 children received crisis intervention services. 1,488 children received victim advocacy services. 1,276 children received individual or group counseling support. 176 youth 13 – 17 years of age received services as the result of being a victim of dating violence. This data does not include those served through tribal programs. A representative from the Oklahoma Native Alliance Against Violence reported there is currently no centralized data system regarding services provided by each tribal program. CWS facilitates the Child Welfare and Domestic Violence Statewide Collaboration, which meets quarterly to address statewide trends and promote support between CWS, community partners, and service providers. Tulsa County and Muskogee County developed collaborations for their specific areas and actively participate in the statewide collaboration.
Objective	**Progress**
1.3 Improve the quality of safety decisions through enhanced policy followed by training and support to the field. All action steps are aligned with the CFSR PIP and will be implemented by June 2020. **(a)** This will include updates to the Child Welfare Safety Guidebook to include safety guides for all programs.	**1.3a** As part of the Safety through Supervision Framework, practice guidance for safety and needs assessments was updated for all programs. Policy Instructions to Staff included enhanced guidance as it relates to assessing safety initially during the Child Protective Services (CPS) investigation as well as throughout the FCS and Permanency Planning (PP) case until case closure. Tools and resources were provided to all staff to assist in conducting high quality safety assessments with children and families and included a Safety Guidebook. The guidebook's

(b) All CORE trainings and Supervisor Academy training will be updated to focus on enhanced safety practices outlined within the CFSR PIP. **(c)** Increase understanding, recognizing, and responding to the effects of all types of trauma in accordance with recognized principles of a trauma-informed approach and trauma-specific interventions to address trauma's consequences and facilitate healing.	compilation of resources provides definitions, examples, and guidance on the appropriate way to assess and document comprehensive safety decisions from the initial call all the way through the case until case closure. This guidance is a tool for CW staff to utilize when assessing the protective capacities of the person(s) responsible for the child's (PRFCs) health, safety, and welfare. The guidebook ensures collaboration across all programs and replaced former practice guides. The guidebook continues to be provided across the state to ensure content and quality assessment and documentation practice. Supervisors can utilize the guides in the guidebook to help hold specialists accountable for best practice, and to assess quality documentation as well as utilized for support, coaching and mentoring, as needed. The Safety Guidebook was developed with staff from all levels of CWS as part of a workgroup to give feedback on the guidebook. Revisions were also made in KIDS to coincide with the guidebook, such as the Quality Contacts with a Child and Parent as described in Goal 2. The Safety Guidebook was completed in 2018; however, an updated version was finalized in February 2020 with updated guidance for staff, as well as the contact changes described in Goal 2. Immediate Protective Action Plans (IPAPs) were discontinued in January 2019 and staff now utilize the updated Family Service Agreement (FSA)/Safety Plan form upon identifying a safety threat is present and intervention is required. The Assessment of Child Safety (AOCS) is now utilized on an ongoing basis for FCS and PP cases. In February 2020, changes were made in KIDS which allows staff to document an ongoing AOCS at critical points in the case, such as changes in visitation, household changes, and reunification or case closure. **1.3b** All staff trainings were updated to reflect the policy revisions related to quality safety assessments and the changes to case contacts for both a child and parent. The ongoing AOCS and Quality Contacts guidance are included in the PIP training series Back-to-Basics where staff also receive the Safety Guidebook. All regions completed this training and ongoing support is offered by CWS Program staff as needed through global emails addresses for each program area as an avenue to quickly answer questions regarding safety practice changes. Maltreatment in Care (MIC) training was added for new staff as a pre-requisite to CORE training. PP CORE training for new staff includes curriculum changes specific to: • updated policy and practices; • the importance and benefits of father engagement;

	• improved emphasis on parent engagement; • addition and review of the Permanency Safety Consultations Guidebook; and • utilization of the CW Safety Guidebook specific to permanency addressing the Ongoing AOCS Guide, Individualized Service Plan (ISP) Guide, Quality Contacts with a Child and Parent. CPS CORE training for new staff includes curriculum changes specific to: • updated policy and practices; • plans of safe care; • supervisory framework; • MIC prevention and reduction; and • utilizing the CW Safety Guidebook and safety-related practices **1.3c** Trauma-informed principles are woven into the online training that is required for CW staff through CORE on the administration and utilization of the Child Behavioral Health Screener. Practice and procedural changes to the continuum of care, and specifically the congregate level to the FFPSA requirements for being a QRTP will be implemented with a trauma-informed approach.
Objective	**Progress**
1.4 Qualitative maltreatment in care reviews will continue for a portion of unsubstantiated investigations of maltreatment in each region, as well as on all substantiated investigations by Child Protective Services (CPS) Programs and regional leadership. Results of data analysis will be compiled quarterly and communicated to the field. Qualitative reviews will occur in each region every quarter to support specialists in improving practices to better outcomes.	**1.4** Reviews were conducted on a monthly basis by CPS Program staff for all substantiated MIC investigations and a random selection of eight unsubstantiated MIC investigations. Additionally, district directors in each region also reviewed a selection of substantiated and unsubstantiated MIC investigations monthly. CWS moved to a real-time analysis system rather than a quarterly analysis. Qualitative case analyses were occurring quarterly; however, due to COVID-19 those analyses ceased until further notice. MIC unsubstantiated and substantiated quality assurance reviews continue. This includes a review of the investigation, the resource, and the PP specialist contacts. Data analysis from these reviews is conducted on an ongoing basis. In addition to the MIC program staff review, field reviews are conducted by the district directors, field managers, and resource family partner (RFP) agency directors on a continual monthly basis. Beginning 11/1/19, these reviews are now entered into Qualtrics, a web-based survey format. This form of documentation is an advantage because the application provides real-time, readily available data that can be accessed by regional leadership as needed. As per the CFSR PIP, information from these reviews was shared with field staff during the MIC portion of the PIP Back-to-Basics trainings. Regional data from these reviews was also shared with field staff during the PIP transfer of learning (TOL) sessions. Regional data was also provided to each regional MIC lead as needed for utilization during MIC steering committee meetings throughout the reporting period. This practice will remain in place as each review conducted is shared with the involved district directors, field manager, and the area MIC lead, so

	that it can then be shared as a learning experience with field staff. Consistently, both program level and field level reviews continue to identify lack of quality caseworker visits as the leading contributing factor to MIC. A lack of foster parent support is the second leading contributing factor per reviews conducted by MIC Programs staff. This data point is not captured through the district director review process; therefore, an accurate comparison cannot be made between program and field reviews regarding subsequent leading contributing factors. The program reviews indicated for 30 percent of cases a thorough safety assessment was not conducted during the monthly PP specialist contacts. The leading reason a thorough safety assessment did not happen was the failure to have a discussion about other people living in or visiting the resource home or other caretakers of the children, 48.6 percent, followed by not conducting unannounced visits to the resource home, 35 percent. The leadership staff's objective remains to identify contributing MIC factors and trends within a district and to monitor if specific regional strategies are having the intended impact in reducing MIC. These reviews provide informative analytic results, which enable leadership staff to strategically respond in ways that can significantly prevent and reduce MIC. Review trends were initially tracked manually statewide, as well as within each region, but given the significant amount of accumulated data, tracking and analysis is currently transferring to an online analysis program. To provide the most accurate analysis possible and garner the most pertinent information, on statewide, regional, and district levels, the review tools and spreadsheet entries are now entered into Qualtrics. Qualtrics brings additional consistency to the auditing process and provides on-demand, interactive data analysis for the reviews conducted by district director and field manager staff. The process of analyzing the completed field manager and district director monthly reviews is currently underway with an expected completion date of July 2020. CPS MIC Program staff continues to review all substantiated referrals on resource homes, as well as a monthly random sample of 10 unsubstantiated referrals, eight resource homes and two in congregate care. These review results were previously sent to each involved district director and field manager. Over the past year, the process was expanded to include the involved field staff in discussing MIC review findings in order to continually identify specific staff strengths and needs. Since this process enhancement, field staff has spoken positively about the review finding communication. Regional leadership staff expressed how helpful the reviews and they are appreciated. This response affirms that such concrete information sharing aides in stimulating an ongoing process for TOL specific to each region and district. An additional review process implemented in 2019 involves CW supervisor reviews of monthly caseworker visits conducted by CW specialists in their unit. The purpose is to provide additional oversight and training related to quality safety assessments during PP specialist visits. In 2019, each region developed and finalized a targeted strategic action plan to improve practice and decrease the presence of contributing MIC factors. Focus on the contributing factors is believed

	to be one of several causal factors that aids CWS' continued reduction of MIC incidents. Increased CW staff awareness is likely enhancing staff's ability to recognize MIC risks before incidents occur. Impact from the strategic action plans was not officially analyzed; however, leadership across the state continues to report benefits from their individual action plans. The actions plans will remain in place as long as positive results continue. Each supervisor completes a review of two visits per specialist, and utilizes the review findings to enhance each specialist's learning. In February 2020, the caseworker visit contact in KIDS was revised to follow the AOCS format to further enhance quality caseworker visits and provide for a consistent method of conducting the child safety analysis. Caseworker visit guides were provided to staff as additional guidance related to safety assessment during the visits and to assist with the transition to documenting visits in the AOCS. MIC regional leads began the process of presenting a case analysis to their regional staff in early 2019. Since that time, all regions routinely conduct case analyses each quarter. Since RFP agencies experience lower rates of MIC than other placement types, it was determined in March 2020 for each agency must select one of their own homes with an MIC investigation for completing a case analysis twice per year. A case analysis guide was developed for CW staff and for RFP agencies to use. During all case analysis processes, MIC regional leads work alongside their regional district directors, field managers, and in many cases supervisors to present an MIC case analysis to the region's leadership team and/or steering committees. Upon the presentation's completion, clear direction is provided to the participants with specific takeaways to utilize in a subsequent TOL with supervisors and field staff. The key factors utilized in the TOL process with field staff are the specific opportunities identified by the leadership team that would enhance risk assessment skills, safety assessments, and prevention strategies for all programs. Discussions also include any identified practice strengths. The MIC Program team attends various regional case analyses at random times for quality assurance purposes. Feedback from each region expressed a growing comfort with conducting the case analyses and focus will begin to shift toward ensuring quality TOL is occurring sufficiently and consistently throughout the state. In March 2020, group gatherings were restricted due to the COVID-19 pandemic. As of this report, all MIC case analysis activities are on pause until further notice by the MIC strategy lead. The MIC leads team was established to facilitate communication between regions and program areas. Members of the team include a MIC lead from each region, MIC Program staff, Foster Care and Adoptions (FC&A) Programs staff, field managers, and the KIDS data team. PP Programs, CWS Training staff, and Indian Child Welfare Act members are also part of the team. The Contract Performance Review team also inquired about collaboration. The MIC team began

	with monthly meetings to come together and discuss trends, strategies, and MIC prevention and reduction efforts. As strategies were successfully implemented, the team was able to reduce meetings to bi-monthly. Since March 2020, due to the COVID-19 pandemic, the team held meetings on electronic platforms, such as Microsoft Teams. In order to enhance communication amongst all CWS field staff, the MIC Program staff provides a copy of each completed review to leadership in each program area, including the CPS district director, PP district director, and the FC&A field manager. Communication among programs staff is an area identified in the case review, and feedback regarding strong communication practice opportunities are included in the final review notes. Refer to Goal 2, Objective 2.13 for further information regarding these specific practices.
Objective	**Progress**
1.5 Supervisors will utilize the three key strategies outlined in the Supervisory Framework to support staff in critical decision-making in order to understand and treat safety needs, decrease trauma, and strengthen parental protective capacities. Full implementation of the Supervisory Framework will occur by June 2020.	**1.5** The Safety through Supervision Framework outlines the theory behind the Supervisory Framework and provides the clear purpose, roles, and expectations of supervisors. Program specific Case Staffing, Field Observation, and Monthly Conference guides were created to promote the assessment of critical practice areas needing improvement. Time frames and requirements for case staffing, monthly conference, and field observations are clearly outlined for staff and adjusted on an ongoing basis from feedback gathered through surveys and focus groups with specialists, supervisors, district directors, field managers, and regional directors. Initially, transformation zones undergo 90-calendar days of training. Supervisors are then provided an additional 90-calendar days of support through TOL. The Framework's implementation was completed in zones as this allowed the process to make adjustments as needed based on staff feedback. The completion date for training in each region was: Zone 1: Region 1 – Completed November 2018 Zone 2: Region 3 – Completed April 2019 Zone 3: Region 5 – Completed July 2019 Zone 4: Region 2 – Completed November 2020 Zone 5: Region 4 – Completed May 2020 TOL was developed as a key PIP activity to support supervisor consultation. The curriculum focuses on understanding CFSRs and how quality supervision and casework impact outcomes. The curriculum challenges supervisors to examine the "why" behind strategies or other daily work activities to better support specialists assessing and meeting the needs of families navigating the CW system. The curriculum focuses on challenging compliance practice/thinking versus qualitative process/positive outcomes thinking. When supervisors understand why safety-related practices are required, then supervisors have a clearer understanding of the responsibilities and desired outcomes that improve the lives of children and families in Oklahoma. The curriculum

	outlines PIP strategies and supervisor responsibility for ensuring quality implementation. Discussion surrounding application of the strategies and activities within daily supervision is completed through experiential learning activities. Also part of the training curriculum is MIC evaluation, placement stability, and timely permanency strategies, as well as how each CW program has responsibilities within each strategy. A detailed examination of regional plans is also reviewed for a greater understanding of how practice and internal/external barriers impact outcomes. Experiential activities include analyzing practice profiles to identify concerning practices and barriers to achieving positive outcomes. The PIP annual stakeholder meeting occurred in August 2019 with judges and attorneys who participated in the Court Improvement Project (CIP); supervisors and specialists from all programs; PIP strategy leads; biological parents; resource parents, kinship and traditional; and youth. Supervisors and specialists from Regions 1, 3, and 5 were invited and reported that when engaged in the supervision strategies, supervisors felt more confident in their specialists' decision-making and specialists felt more supported by their supervisors. In addition to the feedback received from supervisors during TOL, a survey was developed to evaluate staff perspective of the Safety through Supervision Framework. In February 2020, the survey was distributed to all staff who received the training. This information assisted CWS CQI staff evaluate deficiencies and strengths in practice and provide ongoing support, as needed. A KIDS PIP dashboard was created to outline key data indicators currently being assessed. The PIP dashboard includes key data indicators in permanency timeliness, re-entry rates, MIC, placement stability, exit types, reoccurrence rate, and average length of stay. This is another resource for all staff, including supervisors, to utilize regarding the Safety through Supervision Framework.
Objective	**Progress**
1.6 Continuous Quality Improvement Program will partner with other CWS programs to compose combined reviews over statewide and regional practices impacting quality safety decisions and positive safety outcomes. Information outlining areas of practice requiring focus, also referred to as regional practice summaries, will be provided to the region every six months so that regional leadership understands current barriers and practice areas needing improvement and can be intentional on the focus of	**1.6** As per the CFSR PIP action steps, regional CFSR case review practice profiles were to be created every six months to provide detailed practice information regarding specific regional CFSR outcomes. The first set of CFSR case review practice profiles was created from the 65 CFSR cases reviewed for the AFCARS 18B reporting period which concluded 10/31/19. The profiles included identification of strengths and areas needing improvement on all safety, permanency, and well-being outcomes, items 1-18, for each of the five regions. The CFSR case review practice profiles were reviewed by the CQI SIT regional teams in January 2020. Feedback was requested and provided by the regional leads to ensure the captured data in the profiles was useful to the regions and would support the ongoing assessment of specific needs within each region. The CWS Executive Team was provided with the finalized practice profiles in February 2020 with the expectation that the practice profiles would inform the overall assessment of progress and needs.

improving outcomes in the areas identified.	As of this report, a second set of CFSR case review practice profiles was completed from the 65 CFSR cases reviewed for the AFCARS 19A reporting period. This set is to be provided to the regional teams within the next 30-calendar days.
Objective	**Progress**
1.7 Increase the completion of Family Service Agreement (FSA) at the time a Safety Plan is completed ensuring that services are timely, flexible, coordinated, and accessible to families and are organized as a continuum, linked to a wide variety of supports in order to meet children and families' ongoing needs. Full implementation is in alignment with CFSR PIP action steps and will occur by June 2020. Ongoing evaluation of the quality and appropriateness of completed Family Service Agreements and Safety Plans will occur through the qualitative review process of CFSR's. Outcomes of the completed reviews will be added to the regional practice summaries presented by the Continuous Quality Improvement Program CFSR team.	**1.7** Training was developed in conjunction with the Safety through Supervision Framework series training and was completed in all regions. The trainings give instruction on how to implement the enhanced safety practice changes and guidance on quality documentation. Safety enhancements include discontinuing the use of IPAPs, discontinuing Family Functional Assessments, and utilizing the AOCS as the consistent tool for assessing safety, permanency, and well-being throughout the life of a case. Guidance on use of the updated FSA/Safety Plan form is provided. IPAPs were discontinued in January 2019 and staff now utilize the updated FSA/Safety Plan form upon identifying a safety threat is present and intervention is required. During this reporting period, 130 CFSR quantitative and qualitative case reviews were completed statewide. A face-to-face evaluation, called a debriefing, of each case was conducted by the CFSR reviewer with the case participants that included caseworkers, supervisors, district directors, field directors, and regional deputy directors from CPS, FCS, PP, and FC&A Programs. Each case evaluation covered practice trends that impacted all safety, permanency, and well-being outcomes, items 1-18. Refer to Objective 1.6 regarding CFSR case review practice profiles.
Objective	**Progress**
1.8 Enhance the family meeting continuum in each region to improve the assessment of child safety and increase family involvement early on and throughout the life of the case through child safety meetings (CSMs), Initial Meetings (IMs), and ongoing family meetings throughout the life of a case. Full implementation is in alignment with the CFSR PIP action steps and will occur by June 2020. Ongoing evaluation to occur through qualitative review process through CFSR's, CSM reviews, and ongoing placement stability reviews.	**1.8** Region 4 started a family meeting (FM) pilot program in September 2019, utilizing two districts, Districts 17 and 27B. The facilitators were assigned to the family for all of their family meetings in order to be a consistent CW member of the family's case until closure. As of March 2020, Region 5 also started using three FM facilitators assigned to the family from the beginning to the end of the case until permanency. The three facilitators were cross-trained in the Team Decision Making model. Region 1 has a full-time facilitator cross-trained in the Team Decision Making model. Region 2 has expressed interest in piloting the facilitators to be assigned to a family from the beginning until permanency. Region 3 has two full groups of family meeting facilitators and one full group of CSM facilitators. A few FM facilitators were trained in the Team Decision-Making model and are able to assist with CSMs when available.

	The statewide plan is to continue to train all facilitators to be available for FMs as it aligns with the family continuum. The FM lead will reach out to Region 4 and 5 identified families for a QA review to include how they perceive these meetings and gather feedback as to how CWS can improve, the benefits of having one assigned facilitator, and working around any barriers that could improve the FM process. All new CPS and FCS specialists attend the CSM training to learn how to describe the safety concerns and how family engagement benefits the child, family, CW and community. TA and training from CWS Programs is also available upon any region's request. An FM continuum training is in development for the facilitators in Regions 1, 2, and 3 and available for the specialists who have to conduct their own meetings with the assigned families on their workload to make sure FMs are consistent and purposeful. In the FM continuum team, members are assigned from each region. Team members use a Fidelity Review Tool to review the meeting's quality. A new tool is in development to capture and document the ongoing meetings' purpose. The team utilizes the monthly and quarterly report to track meeting participants and timelines of CSMs. During the course of the CFSR PIP, all meetings were structured in a FM continuum with an emphasis on purposeful and quality meetings. The meetings in the continuum are CSMs, IM, and FMs throughout the life of the case. All meetings were enhanced to include the importance of family engagement, support, timeliness, and quality of meetings. The FMs were aligned, but each meeting type has a defined focus and purpose. Anytime there is an intervention, the families, supports, and CW staff are invited to participate in each of the meetings outlined in the FM continuum. For IMs, please refer to Goal 2.1. Ongoing evaluation will continue to occur through qualitative review to include data review and reports in collaboration with the CQI Unit to focus on good safety decision-making and ensure each family in the CW system has purposeful and timely FMs. From a qualitative analysis review, there was also consistent involvement from relatives in attending the CSMs. Refer to Objective 1.7 for information related to qualitative case reviews.
Objective	**Progress**
1.9 Increase community collaborative with the	**1.9** Refer to the attached ***Clinical Team Update March 2020*** for information pertaining to

Oklahoma State Department of Health (OSDH), Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS), and Court Improvement Project (CIP) utilizing mental health consultants as a liaison between local CWS district offices and community service providers to increase preventive and ongoing services to children and families. Implementation is in process as outlined through the CFSR PIP. Ongoing evaluation of community collaborative will occur annually during the five-year evaluation period.	description of work and anticipated goals for the OKDHS CWS Clinical Team. Mental health consultants (MHCs) are used as a liaison between CWS district offices and the regional SOC sites. MHCs provide updated information to CWS on SOC sites and services available to meet the complex needs of children and family. As part of the OKDHS CWS Clinical Team, MHCs continue to bridge the gap between CWS district offices and SOC sites. SOC sites provide services to children and families in each of Oklahoma's 77 counties. Each MHC serves as a liaison between their identified CWS district offices, SOC sites, and Community Mental Health Centers within their identified regions. Each MHC trains and educates CW staff, and resource and adoptive families on local behavioral health and substance abuse providers who provide evidence-based treatment. In addition, each MHC actively participates in all meetings requested by CW staff to ensure linkage and referrals to behavioral health services. Meetings include, but are not limited to, CSMs, IMs, FMs, permanency safety consultations, provider treatment team meeting, or adoption disclosures.

Goal 2: Decrease trauma experienced by a child who enters the child welfare system by ensuring stability of placement, enhancing family engagement and decision-making, decrease maltreatment in care, and enhancing efforts to achieve timely permanency.

Impacts: Safety 1 and 2, Permanency 1 and 2, Well-being 1, 2, and 3 Items 1 through 18, 25 through 30, 35, 36, maltreatment in care, timely permanency, and placement stability

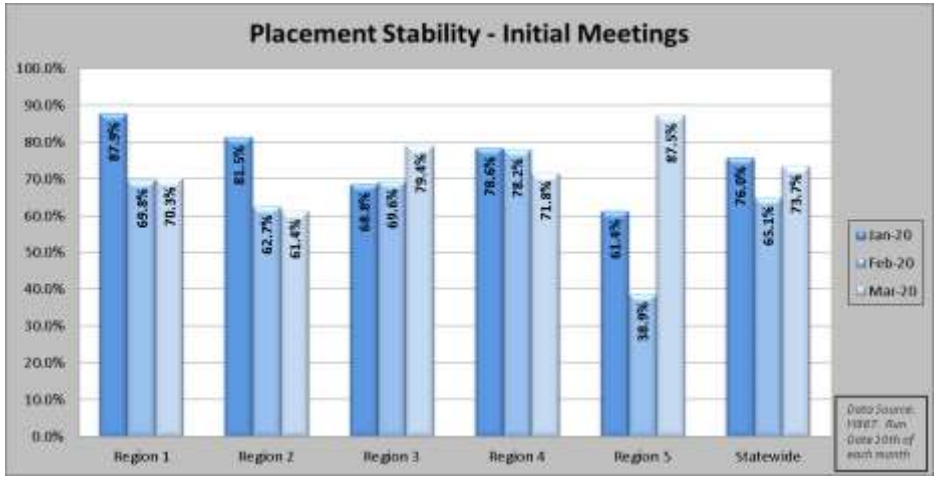
Measure	Baseline	Current Period	Target by End of FFY24	Data Source
Two or fewer placement settings for children in care for less than 12 months	79.8%	79.1%	88.0%	AFCARS
Two or fewer placement settings for children in care for 12 to 24 months	61.0%	62.0%	68.0%	AFCARS
Two or fewer placement settings for children in care for 24+ months	33.0%	34.1%	42.0%	AFCARS
Initial placement as kinship	47.2%	46.8%	55.0%	KIDS Data
Reunification in less than 12 months	55.5%	56.3%	69.9%	AFCARS
Guardianship in less than 18 months	59.8%	63.5%	65.0%	KIDS Data
Adoption in less than 24 months	45.9%	47.8%	54.5%	AFCARS
Absence of maltreatment in care	99.08%	99.13%	99.68%	NCANDS and AFCARS

Objective	Progress
2.1 Enhance focus on ensuring as many supports and connections are present during CSMs and IMs. Ensuring that not only are meetings scheduled within policy, but that they are of good quality. Full implementation is in alignment with the CFSR PIP action steps and will occur by June 2020. Ongoing evaluation to occur through qualitative review process through CFSR's, CSM reviews, and other qualitative reviews completed by CQI.	**2.1** For ongoing evaluation, see Goal 1, Objective 1.7 qualitative case reviews. The IM provides an opportunity for the biological parents to share information with the resource parents related to the child's needs and the resource parents have the supports necessary to care for the child. This practice reduces stress and trauma to the child, biological parents, and resource family while building a trusting relationship, which impacts safety, permanency, and well-being. The meeting participants include, but are not limited to, the PP specialist, and Resource specialist, the child, biological family, and resource family. This meeting is on a date and time that accommodates the schedules of these mandatory participants. Every effort is made to

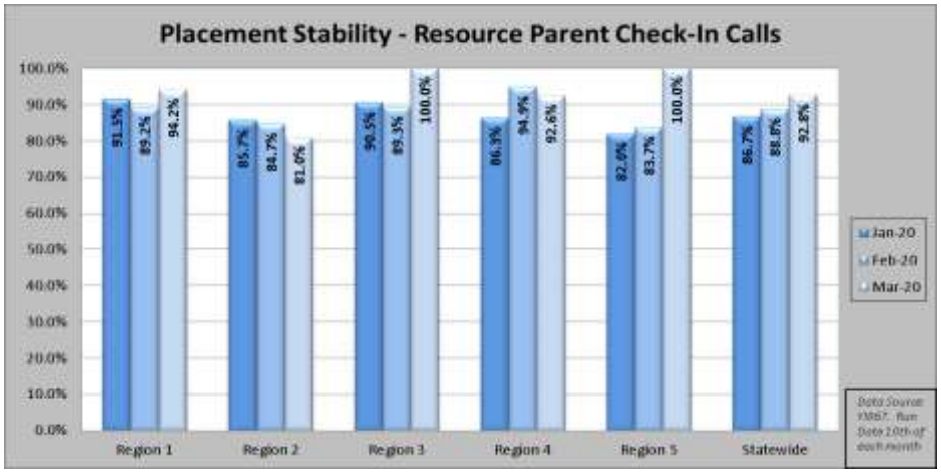
	ensure that the child, child's parents, and resource family attend the IM. The PP specialist documents the IM in KIDS within five-business days of the meeting. When the biological and resource parents are unable or refuse to attend the IM, the CPS, PP, and Resource specialists gather information surrounding the child and resource family to develop a Child and Resource Family Support Plan (Plan) to ensure placement stability. The Plan is reviewed and agreed upon by the child's parents and resource parents. When issues come up concerning the Plan, the PP and Resource specialist work with the biological and resource families to develop an effective plan is ensure and agree upon it to ensure stability. When a child experiences more than one placement, the PP specialist schedules and conducts the IM within 10-business days of placement. The meeting's participants include the PP specialist, current and previous Resource specialists, biological parents, and the current and previous resource parent. A Plan is developed that details the child's needs. Prior to Monthly Placement Stability leadership flyers are provided to Placement Stability regional leads, regional deputy directors, CQI/QA staff, and regional program analysts to prompt specific discussions as to the region and district-specific Placement Stability IMs and subsequent IMs, during monthly regional leadership meetings. Monthly Placement Stability messaging flyers are also disseminated electronically to all staff that reiterate the purpose and crucial components of IMs, timeliness, key participants, staff responsibilities, potential benefits for all participants, and first placement kinship. This process brings the focus back to the core purpose and importance of placement stability efforts. Regional quantitative completion trends of placement stability efforts are provided monthly to staff. Detailed information of children still needing IMs conducted and/or documented is emphasized in this communication to recognize the continuous need for efforts, regardless of the time frame compliance, to stress the importance of the purpose of IMs to stabilize placements. The purpose is to remind staff about the value of placing children with family, and people with whom they are familiar, to avoid additional trauma to what they have already experienced. Missing efforts emails are sent out on a weekly basis to the Placement Stability Leads as a proactive way of identifying Resource Parent Check-In Call and IMs that still need documenting in KIDS to capture for the compliance report. Placement stability efforts are continually examined and explored to ensure a CQI approach is taken to improve outcomes. Striving towards a proactive self-correcting system is vital to encourage forward thinking and continued improvement in placement stability for children. Collecting information to learn what is working to improve outcomes and offer supports and resources to address areas needing improvement is carried out by analyzing available qualitative and quantitative data on a monthly basis. Placement stability efforts had a positive impact resulting in fewer placement moves in FFY 19.

On a monthly basis, the CQI/QA team reviews IM quality using gathered and shared documentation along with the Plans created during IMs. The individual case specific information from the reviews, which points out both strengths and areas needing improvement, is then provided to the regional Placement Stability Leads who then provide the information to their peers responsible for the work. This shared review is in addition to regional quantitative data provided to seek out continuous opportunities for improvements.

As a result of IM data review, the timing and staff responsible for IMs, particularly at removal, was examined to determine if IMs are held at the right time and facilitated by the right people with and understanding of the case circumstances to produce quality support plans. The prediction was an increase may occur in IM quality, number of IMs held timely, and parent participation if the timeframe for completion was adjusted from occurring within 10-business days of placement to 30-calendar days as of February 2020. This approach takes into consideration a child's parent's increased emotional levels due to a child's removal as well as the fact that CPS specialist caseload has higher priority demands during the first week after removal. Therefore, the completion timeframe for IMs was adjusted to occur within 30-calendar days. IM reviews are being conducted to determine if this change results in an increase in mandatory participants, the child's parents in particular, as well as the quantity of Plans created and uploaded into KIDS. A quality example of a Plan was created by the Placement Stability Workgroup and is provided to staff on a regular basis as a guided support when creating a support plan.

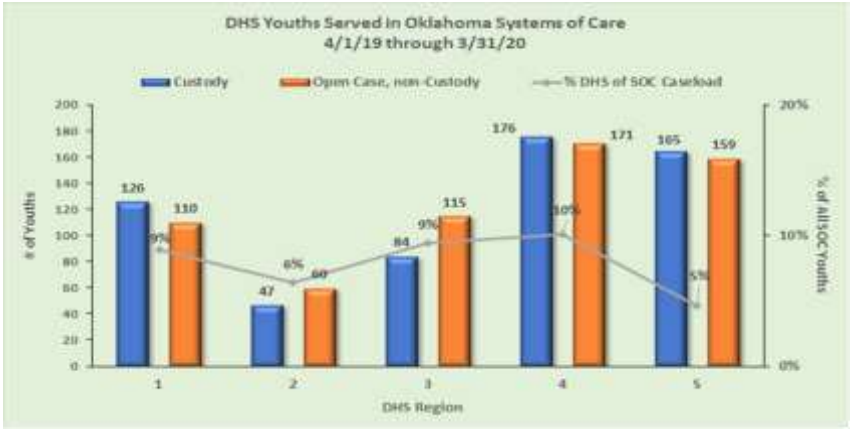


CSM data from the CSM monthly reports with recommendation of traditional foster home placement vs kinship placement were incorporated into the monthly Placement Stability flyers in September 2019 to emphasize first placement with relative for children.

Objective	Progress
2.2 Ensure Resource Parent Check-In Calls and Child and Resource Support Plans are completed and of good quality. Ongoing annual reviews will occur throughout the five-year evaluation period. Outcomes of reviews will be added to the regional practice summaries presented by the Continuous Quality Improvement Program CFSR team.	**2.2** For review of outcomes, see Goal 1, Objective 1.6 CFSR case review practice profiles. Please refer to Objective 2.1 for information regarding Child and Resource Family Support Plans. When a child enters placement upon removal, the assigned CW specialist contacts the caregiver within two-business days of placement. The Resource Parent Check-In Call's purpose is to make sure the child's needs are met and the resource family feels supported. Additionally, CWS wants to ensure the resource family has the necessary information to provide for the child and is aware of the next steps in the case process. The Resource Parent Check-In Call guide, provided to all CW staff, was designed to facilitate meaningful conversation between staff and the resource family. The Resource Parent Check-In Call guide was revised as a result of IMs conducted at 30-calendar days after placement to include talking points regarding, when available or known to CWS at the time of the call: visitation expectations, medical conditions, allergies, medical provider information, discussing removal trauma, family and child connections, affiliated tribe, purpose and timeframe of IM and expressing thanks to resource parent for taking placement. The number of Resource Parent Check-In Calls increased statewide since January 2020. 
Objective	**Progress**
2.3 Implement strategies of CWS resource recruitment and retention goals. Full implementation to occur by July 2020. Ongoing evaluation to occur annually throughout the five-year evaluation period.	**2.3** General Recruitment: The Foster Care and Adoption Support Center is the point of contact for all interested individuals related to foster care and adoption. Contact is made with families in the approval process to ensure any barriers to timely approval are addressed. OKDHS CWS recruitment goals include both CWS and Resource Family Partner (RFP) agencies. Oklahoma is a pilot site for the National Training and Development Curriculum that pilots new and progressive

	pre-service training for resource parents. Targeted Recruitment: There are 10 Recruitment units statewide led by the Recruitment field administrator. Each team develops yearly recruitment plans that are updated every quarter. Monthly data is provided to help guide strategies. Preliminary data for new foster homes reports OKDHS at 74 percent of the goal of 898 homes. See details in the Foster and Adoptive Parent Diligent Recruitment Plan section. Child Specific Recruitment: CWS continues to focus on placing children with kin when possible. CW staff inquires about possible kin at the time of removal, during the IM, and continuously throughout the time of the family's involvement. To better match children with families that can meet their needs, CWS developed an Enhanced Foster Care program in which the family is provided with wraparound services to meet that child's needs, additional training, and a higher reimbursement rate. CWS partnered with Wendy's Wonderful Kids to focus on the child and their current and previous connections which includes interviews and extensive case mining. CWS anticipates finding homes for a high number of children that are legally free for adoption without an identified placement with this process. Retention: Staff makes contact with monthly resource homes to provide support and identify family or child needs. Each region of the state held resource parent appreciation events that were highly attended. Exit surveys with resources that requested to close their home provided overall positive feedback and many state they would recommend fostering to others. Resource parents have access to an exclusive benefit program that includes discounts at restaurants, movie theaters, amusement parks, and such. CWS continues to partner with the Foster Care and Adoption Support Center to maintain OKfosters.org which provides information and training opportunities for families. From 7/1/19 – 5/1/20, CWS has a net gain of 41 open homes, which is a significant increase from past years.
Objective	**Progress**
2.4 Continued focus on enhanced safety discussion and collaboration, and consistency of safety decisions made across all programs, including Foster Care and Adoptions. All action steps are aligned with the CFSR PIP and will be implemented by June 2020. **(a)** Any practice guidance will be updated in the Child Welfare Safety Guidebook. **(b)** Updated CORE and Supervisory Academy training to reflect enhanced safety practices updated through the CFSR PIP.	**2.4a** A safety guidebook was developed and completed in 2018 to better direct CW specialists in conducting high quality safety practices across programs. This compilation provides definitions, examples, and guidance on the appropriate way to assess and document comprehensive safety decisions from the initial call all the way through the case until case closure. This guidance is a tool for CW staff to utilize when assessing the protective capacities of the PRFCs health, safety, and welfare. The guidebook continues to ensure collaboration across all programs and replaced former practice guides. The guidebook is provided across the state to ensure content and quality assessment and documentation practice. Supervisors use these guides to help hold specialist accountable for best practice, assess quality documentation and provide support, coaching, and mentoring as needed. A workgroup was developed with staff from all CWS levels to give feedback on the guidebook. New KIDS revisions were completed to coincide with the guidebook, such as the quality contact with a child and parent. The guidebook is still provided to all program

	specialists as they attend new specialist trainings. An updated guidebook was finalized in February 2020. **2.4b** See Goal 1, Objective 1.3b for details of the PP CORE training for new staff. Supervisor Academy was revised to further provide guidance to supervisors regarding the importance of quality contacts with a child and parent to continuously assess safety.
Objective	**Progress**
2.5 Supervisors will utilize the three key strategies outlined in the Supervisory Framework to support staff in critical decision-making. Full implementation of the Supervisory Framework will occur by June 2020.	**2.5** Refer to Goal, Objective 1.5 for information related to the Supervisory Framework.
Objective	**Progress**
2.6 Monitor and enhance contracts of Systems of Care and mobile response to ensure that if a child in foster care is in crisis, appropriate services can be provided without disruption to the child's placement. Strategy is in alignment with the CFSR PIP and will be evaluated annually throughout the five-year evaluation period.	**2.6** CWS and the MHCs presented partnership training to each regional and FC&A Leadership team. The MHCs are in the process of scheduling follow-up presentations for each CW district across the state. As of September 2018, mobile response was officially implemented statewide. Mobile response information was provided to all resource parents in October 2018. In October 2018, each Placement Stability Lead reported weaknesses and strengths related to mobile response. The PIP lead and the MHC supervisor met in December 2018 to identify barriers and develop solutions to improve mobile response across the state. In addition, the PIP lead met with the SOC project directors surrounding mobile response in January 2019. Mobile response and stabilization received 1,216 calls from 6/1/19 –11/30/19. • 347 calls where the child/youth was in OKDHS custody • 247 calls made by OKDHS workers • 101 calls made by foster parents • 139 calls noting Foster Disruption as the reason for the call • 15 calls with a risk factor of Change in Custody • 160 calls with a risk factor of Change in Placement • 207 calls where OKDHS was on the scene CWS refers both custody and non-custody children to mobile response. Mobile response and stabilization served 762 distinct clients, 954 total mobile response calls with duplicate clients, between 4/1/19 – 3/31/20. 587 children were in OKDHS custody and 176 children with whom OKDHS CWS was involved with. Of the 762 distinct clients, 493 had unchanged placements while 261 changed placements.



Data Source: ODMHSAS

A total of 2,340 mental health consultations were completed by MHCs between 4/1/19 – 3/31/20. The majority of the consultations were for service for children in care. Through consultation, the MHCs are able to review cases to ensure children or adults are properly diagnosed and receive the correct treatment for the diagnosis. In addition, the MHCs assist CW staff in ensuring children and families are receiving quality treatment from private and contracted providers. In the event that children and families are not receiving quality treatment or are misdiagnosed, the MHCs inform leadership from both CWS and ODMHSAS and the issues are resolved with the provider to ensure quality treatment for children and families.

OKDHS Region	Total Consultation
1	537
2	402
3	350
4	877
5	174

Objective	Progress
2.7 Increase utilization of the CarePortal to access resources for resource homes in order to meet need and safety care for children in OKDHS custody. The number of needs met by use of the CarePortal will be monitored annually.	**2.7** During this FFY, the CarePortal report was sent out monthly to CWS leadership. The report updates monthly and captures important information, such as children legally free for adoption, youth at risk of aging out, children placed outside their county of jurisdiction, and children placed in shelters. The report details provide staff with the opportunity to target populations of children who could benefit from CarePortal requests. More information regarding CarePortal can be found in the earlier Agency Responsiveness to the Community section of this APSR.

Objective	Progress
2.8 Improve collaboration and communication with resource family partners (RFPs), contracted agencies, by including RFPs in ongoing child welfare training pertaining to safety, permanency, and well-being outcomes as well as including RFPs as key stakeholders to inform and support updates to safety related practices.	**2.8** Several key opportunities exist for improved communication between resource family partners, OKDHS, and community stakeholders. Frequent and ongoing communication to address concerns or identified needs for the child and resource parent allows CWS to continue to improve working relationships thus resulting in better care for children in foster home placements. The following are some of those critical points in a case where collaboration is imperative for successful outcomes for children and families: • 10-day staffing's • Screened-out consultations • Monthly safety calls to address written plans of compliance (WPCs), policy violations, referral follow up and safety action plans Trainings and ongoing efforts and supports offered to CW staff and RFP staff to improve collaboration and communication include: Trainings • Resource Family Assessment training • Annual Update training • CWS Level One trainings always offered on a voluntary basis for agencies • Foster Care and Adoptions Policy Update trainings • Supervisory Framework training: 10 slots were opened for various agency staff • Guiding Principles • Records Check Review and Approval training for supervisors • Records Check and Background Documentation training for all agency staff • Maltreatment in Care training on the review process and consultation • MIC 1, 2, and TOT required for staff Ongoing efforts • RFP agency directors were conducting MIC reviews monthly on two unsubstantiated and two substantiated referrals; however, directors now conduct an MIC review monthly, when applicable, for an unsubstantiated referral • Agencies will conduct two case analysis per fiscal year starting SFY 21. They've completed one analysis for this current SFY • During any audit or review if any safety concerns are identified, they are addressed immediately with the agency • Additional training is offered to agencies at any time to assist with their needs Efforts ongoing related to RFP Recruitment and Retention: • Provide recruitment training overall for recruitment strategies, along with how to

	utilize the recruitment template • Provide monthly recruitment data, from the KIDS division, to agencies • Require new plans each SFY with quarterly updates in which CWS provides review, consultation, and approval • Incorporate the SFY recruitment goal, retention percentages, and projected net gain in the plans • Provide preliminary data monthly as to the performance of each agency towards recruitment goals achieved • Provide resource information for retention numbers • Conduct monthly pipeline calls with agencies to gain updates on their recruitment status and assist with any identified barriers • If progress towards recruitment goals is not sufficient then agencies could be requested to implement an action plan Additional consultation and training is provided to agencies as required.
Objective	**Progress**
2.9 Use of Child Behavioral Health Screeners for children in out-of-home placement to ensure that a child's educational, developmental, physical, and mental health needs are being assessed on an ongoing basis in the resource home and that referrals for services are sent timely. Implementation is ongoing. Evaluation will occur annually throughout the five-year evaluation period. Qualitative and Quantitative data will be presented annually to the regions.	**2.9** CWS sustained the administration and utilization of the CBHS within practice to ensure continued identification of children's needs and access to services through monthly administration and follow-up with service providers. CW specialists continue to administer the CBHS during caseworker visits with children residing in family-like placements, such as foster family care, adoptive families, or own homes in trial reunification or a prevention case (Family-Centered Services). The OKDHS CWS Clinical Team partnering with OUHSC is involved in guiding future implementation and application of information gained from screener administration, to ensure not only that the tools themselves are evidence-based, but that the application and use of information is sound. While the focus on improved identification of children's needs and access to services remains, implementation surrounding the CBHS is transitioning to include an additional focus on utilizing the CBHS in treatment planning and placement decision-making. In January 2019, a CBHS developed for use with children placed in congregate care was piloted, with intentions to draw conclusions about the needs of youth in congregate care, such as group homes Level D and above. The congregate care screener differed from the original in that it screened self-reported answers from youth as opposed to answers from a caregiver. The screener results were incorporated into the treatment planning for those youth. Clinical team members involved in the pilot also participated in the treatment planning discussions and provided assistance in interpreting and applying the screener results. The data from this pilot project is still in the process of review. Efforts have also begun to incorporate CANS components to be used as a complementary tool alongside the CBHS, intended to aid in placement decision-making.

Plans are underway to utilize quantitative data from the Child Behavioral Health Screening Report (YI810) on a monthly frequency to heighten CWS supervisor's awareness of children with elevated screener scores who are on their supervisee's caseload. The concept at this time is for the screeners to be utilized during case staffings between CW supervisors and their specialists to ensure preparation for intentional engagement with resource parents during caseworker visits and all other contacts focused on meeting the children's needs through service providers. This approach is to improve the resource parent's ability to support the child's placement.

Objective	Progress
2.10 Focus Actively Seeking KINnections (ASK) efforts within each region to enhance strategies in building permanent connections and locating family for the child in OKDHS custody. Objective is aligned with the CFSR PIP. Full implementation will occur by June 2020 and the effectiveness will be evaluated annually by the amount of kinship placements used as first placement for a child.	**2.10** CWS values the importance of placing children with both relative and non-relative kinship families. Kinship placements can provide placement stability for the child which directly impacts timely permanency. Children remain in kinship placements longer than any other placement type, as seen in the following chart. Ongoing diligent searches for connections remain a key component of case planning.

Placement Days by Resource Type for 12 Months Ending March 31, 2020

	Age 0-2	Age 3-5	Age 6-12	Age 13-17	Total	TOTAL
REGULAR FOSTER CARE	385484	252338	317921	89907	1045650	**38.2%**
KINSHIP FOSTER CARE	424799	280139	431344	153793	1290075	**47.1%**
TFC	0	3773	37398	5300	46471	**1.7%**
CONGREGATE CARE	5898	3552	48826	134735	193011	**7.0%**
OTHER	47462	30649	43375	44076	165562	**6.0%**
TOTAL	863643	570451	878864	427811	2740769	**100.0%**
TOTAL	**31.5%**	**20.8%**	**32.1%**	**15.6%**	**100.0%**	

Data Source: Measure1c - Placement Days by Resource Type Report; Run Date: 4/5/20

Each region of the state has developed a plan for ASK efforts and have dedicated a number of staff to help with those efforts.

- Region 1 has seven total staff, one in each district, who help with ASK duties, including one full-time ASK specialist. More attention and effort are focused on locating and placing children with kin. Staff must exhaust every effort to place with kin before considering traditional foster care placement.
- Region 2 assigned ASK tasks to existing staff within their respective districts. These staff include CW specialists, some during their MSW practicum; CW assistants; and family meeting coordinators.
- Region 3 continues with four full-time staff, three CW specialists and a supervisor; they developed a protocol to respond to emergency removals by coordinating with CPS and Foster Care to try to successfully place children with family as their first and best placement, including after hours.
- Region 4 has a total of six staff, including three full-time staff, two CW specialists and

	a supervisor, in an ASK unit, along with three other staff who perform computer searches. Region 4 has a tiered process, where they prioritize children who have just been removed, but also work with children in the shelter, and others as requested by district directors. • Region 5 continues with an entire unit, five CW specialists and a supervisor, to search for and engage kin on all new removals where kin have not been identified by CPS. They also provided training/mentoring to other regions to help them implement their ASK efforts. The ASK report (YI865) only tracked efforts made by ASK specialists and was replaced by Connection Report for Removed Children (YI131). This new Connection Report was developed to track ASK efforts related to each child in each case, not just those cases assigned to ASK specialists. The report tracks: • the dates of the most recent maternal and paternal diligent search efforts,; • the total number of connections identified to date, including a count of relatives and non-relatives; • the number of connections identified in the current month (to measure continuing efforts); • the most recent connections contact date; and • a count of various outcomes, for example, wants placement, declined placement, or declined placement but wants contact. An email was sent from PP Programs to all CW staff on 4/29/20 introducing the report. The report provides leadership with the opportunity to track diligent searching efforts for the children assigned within their regions so that the quality of diligent searching can be enhanced as needed to ensure family engagement is continuous. The PP Unit revised a draft ASK guide, developed a draft outline for online ASK training, and is working with partners at the University of Oklahoma (OU) to create the online training. The training will be required for all new CW staff and optional for all CW staff. One of the many benefits associated with placing children with kin is the increased likelihood that siblings are placed together. The chart from March 2020 shows kinship homes are the largest placement type and have the highest percentage of siblings placed together at 68.8 percent.

	Siblings Placed Together by Placement Types - March 2020 **Resource Type** | **Together** | **TOTAL** | % CFC/TFC | 6 | 87 | 6.9% FOSTER CARE | 1087 | 2052 | 53.0% KINSHIP | 1545 | 2247 | 68.8% SHELTER | 4 | 46 | 8.7% TRIBAL | 58 | 105 | 55.2% **TOTAL** | **2700** | **4537** | **59.5%** *Data Source: YI104; Run Date: 4/1/20*
Objective	**Progress**
2.11 Develop parent stakeholder group to gather and apply feedback from parents and relatives in improving ASK efforts. A parent feedback group will be developed by June 2020. Objective is aligned with the CFSR PIP. Full implementation will occur by June 2020 and the information obtained from parent stakeholders will be used to guide strategies in building permanent connections and locating families for children in OKDHS custody.	**2.11** The OKDHS website is being revised to include a page where parents can access information about various CWS programs, including ASK and family engagement. The page will include a means for parents to provide feedback, including questions, concerns, suggestions, compliments, complaints, or ideas for improvement. Feedback regarding ASK efforts will be routed to the appropriate CWS Program staff for consideration and possible implementation.
Objective	**Progress**
2.12 Use case reviews to develop qualitative assessments that analyze key indicators of maltreatment to present to staff on a quarterly basis, using current data to inform decisions on trends of practice that are identified within the reviews. Results of data analysis will be compiled quarterly and communicated to the field. Qualitative reviews will occur in each region every quarter to support CW specialists in improving practices to better outcomes.	**2.12** Refer to Goal 1, Objective 1.4.
Objective	**Progress**
2.13 Enhance communication between programs who are involved with resource families in use of resource alerts, written plans of compliance, screen-out consultations, injury	**2.13** For ongoing evaluation, see Goal 1, Objective 1.7 qualitative case reviews. Screen-out consultations consistently maintained a compliance rate in the upper 90 percent range. The report was sent by FC&A Programs during this reporting period to provide staff an

alerts, and ten-day staffings in order to prevent maltreatment in care. Ongoing evaluation through the five-year evaluation period will occur through qualitative reviews including CFSR's, maltreatment in care reviews, and any other type of review.	opportunity to ensure accurate documentation for those showing as incomplete. FC&A Programs will continue follow-up with field staff in the future. CPS Programs staff continues to review every out-of-home screened-out referral to ensure policy guidelines are adhered to in the disposition process. KIDS also continues to capture the review process when CPS Programs staff documents concurrence with the screened-out disposition. When CPS Programs staff does not concur with the referral's disposition, Programs staff overrides the original disposition and assigns it in KIDS for investigation. During an MIC review completed in January 2020, a process change for RFP and TFC programs was initiated to ensure timely follow-up for concerns identified during investigations and/or screen-out consultations. The review revealed the follow-up by the CWS RFP and TFC units, and private agencies was not always sufficient. To address the issue of insufficient follow-up and documentation by an RFP or TFC agency, practice change was implemented in January 2020. When a concern is noted through a screen-out consultation, a 10-day staffing, or any other process or staffing, CW staff in the RFP unit or TFC Programs provides the agency with a deadline for the concern to be addressed with the family and the outcome reported back to CWS. The deadline provided to the agencies is within 10-calendar days of notice of the concern. The agency's follow-up on noted concerns is tracked by both RFP and TFC Programs staff and documented in the KIDS resource. The RFP unit also implemented monthly safety calls in February 2020 to provide improved oversight and assistance to agency partners. The call's goal is to ensure timely follow-up regarding potential safety issues identified in a foster home. Resources with a recent screened-out referral, investigation, active resource alert, overfill, past due annual update, active WPC, or general ongoing concerns are discussed during the call. The agency discusses the progress towards resolving potential safety issues and collaborates with the RFP unit to identify and resolve any barriers. In February 2020, the FC&A program supervisor and a field manager provided Screened-Out Referrals in Resource Homes training at the statewide FC&A supervisor meeting. Resource supervisors, RFP unit supervisors, and TFC Programs staff were the primary participants. This two-hour training provided instruction for completing quality supervisor reviews of screened-out referrals, reviewing history in totality, fully assessing concerns, identifying appropriate follow-up, and actions taken before, during, and after the screen-out consultation. The training also included specific action to take when a referral is screened-out as a policy violation and referred to Resource staff for follow-up. A numbered memo with screened-out referral guidance is being developed by FC&A Program staff. FC&A Program staff also began sending the YI790B report, Out-of-Home Screen-out Detail, to Resource supervisors and field managers on a bi-weekly basis in February 2020. This report assists with timely documentation and follow-up to ensure

	the screened-out consultation has occurred and safety was assessed. Over previous reporting periods, the FC&A QA team was established and began conducting resource reviews and face-to-face TOL debriefings based on the review findings. As described in previous reports, the QA team modeled debriefing of the review tool to FC&A management and field managers began review tool debriefings with applicable Resource staff. This effort was to create a feedback loop, improve practice, and provide accountability. In September 2019, the FC&A QA team developed a review schedule, which was provided to field managers and RFP agencies. This schedule outlined all reviews to be completed for the remainder of SFY 20. In December 2019, the FC&A QA program supervisor met with the MIC Lead to discuss the format for sharing information and emerging trends. As a result of this meeting, the QA team considered using Qualtrics, online surveying software that compiles data and produces analysis reports based on the input. However, after further exploration, Qualtrics cannot be used for the QA reviews due to the review instrument's detail. Since establishment of the FC&A QA team in 2018, the approach to conducting resource reviews shifted from statewide to regional based upon feedback and data collection. A baseline of review data was not established with implementation of the regional reviews in May 2019. Data prior to May 2019 included a sample of statewide resource reviews that made it difficult to identify specific trends. Comparing statewide data to regional data would likely skew the results and not be reflective of true practice trends. CWS will establish a baseline of regional review data for comparison to findings in subsequent regional reviews. To assess the FC&A approval process and the relationship to safe and appropriate resource families, the QA team implemented a two-phase review system in September 2019. The first phase includes reviewing a kinship resource initially approved for a child's placement. The second phase includes a follow-up approval review of the same resources 60-calendar days after the initial kinship placement review was completed. Both phases of this review were completed for Region 2 and phase one was completed for Region 1. After completion of both phases in Region 2, a staff debriefing was held. This debriefing helped identify minor inconsistencies in practice between supervisors in the region and opportunities for continued development of specialists. In addition to providing review results and staff debriefing, the QA team provided qualitative data to FC&A leadership. The information learned from regional reviews highlighted ongoing identified background check concerns, minimally completed forms and documentation, a lack of quality WPCs and addendums, and difficulty obtaining quality references. These concerns are being highlighted in Level 1 trainings and Records Check trainings. In addition to the two-phase reviews conducted, the QA team completed a quarterly RFP review and an additional RFP and TFC agency review in this reporting period.

	Effective 4/1/20, FC&A QA staff will transition to the COC Program. The QA responsibilities for FC&A will be transitioned to the CQI Contract Performance Review (CPR) team. The CPR team will complete any pending reviews and reports. The FC&A QA team is supporting the transition by conducting process and review instrument training for the CPR team. FC&A Programs staff are also supporting the transition by providing any needed training or consultation regarding policy or procedures. The CPR team is expected to initiate FC&A QA reviews on 5/1/20. FC&A leadership will evaluate progress and make adjustments as needs are identified. A steady decrease of MIC for children placed in out-of-home care occurred over the past four reporting periods. During this time period, CWS implemented numerous efforts to improve the quality of resource home approvals and ongoing assessment processes. The RFA statewide analysis and QA reviews provided valuable insight into practice strengths and concerns regarding family approvals. Information from the QA team's reviews was shared with Resource staff and the FC&A Programs team to create consistent communication and feedback loops. Supervisors and field managers continue to address practice concerns specific to their individual teams to help ensure accountability and improve practice. As a result of information sharing with FC&A Programs, team guidance and training for Resource staff is continually developed or revised to address any identified concerns and enhance quality. The efforts aimed at improving the resource home approval and ongoing assessment processes are instrumental to continue positive trending in MIC reduction. The YI042 report, Resource Homes with an Open Resource Alert, is used to monitor resources with an open or unresolved resource alert and is emailed to staff monthly with the expectation that field managers, supervisors, and RFP agency staff use the report as a management tool to track open and resolved resource alerts. As part of the ongoing evaluation of new processes and practice implementation, FC&A leadership continually reviews the implementation of resource alerts and feedback from field staff. FC&A Programs staff explored the need for KIDS enhancements and/or edits for resource alerts. Three enhancement needs were identified: • the ability to specifically track ongoing monitoring; • generation of an automated alert to newly assigned staff upon case transfer or a new child being placed in the resource home; and • the inability to close a resource with an unresolved alert. The first enhancement need identified was completed and released in November 2019. A new KIDS contact type for Resource staff was added to track the occurrence of ongoing monitoring of the issue or concern. Guidance for usage of the new contact type was sent to Resource staff on 11/25/19. A glitch was found in the new contact type and it is unable to be selected with other contact purposes, such as a monthly contact or quarterly visit. In March 2020, a request was made to update the contact type and the anticipated release date is May 2020. The second enhancement need identified cannot be completed due to KIDS limitations. The YI042 report

	contains a Placements tab that provides the name of the child's assigned CW specialist and supervisor. The report can be viewed on a regular basis by CW staff to identify children on their caseload who are placed in a resource home with an active resource alert. The third enhancement need identified is anticipated for release in August 2020. In the previous six-month period, the total number of resource alerts decreased and resolutions steadily increased. Point-in-time data collected on 10/1/19 showed 156 open resource alerts and 95 resource alerts were resolved since 7/1/19. Data collected on 3/3/20 showed 135 open resource alerts and 204 were resolved since 7/1/19. This point-in-time data indicates positive trending in the usage of resource alerts.
Objective	**Progress**
2.14 Provide ongoing training for staff surrounding quality worker visits with children and parents and use of qualitative reviews to inform practice. Training is in alignment with the CFSR PIP. Ongoing training updates will occur by June 2020. **(a)** Update CORE and Supervisor Training to reflect practice changes surrounding quality worker visits. **(b)** Update Supervisor Training to ensure supervisors are able to utilize data and reports to assess outcomes of quality worker visit measurements.	**2.14a** Trainings for all staff were updated to reflect the policy revisions for quality safety assessments and changes to case contacts for both a child and parent. The ongoing AOCS and Quality Contacts guidance is trained in the PIP training series, Back-to-Basics, at which staff also received the Safety Guidebook. All regions completed this training and ongoing support is offered by CWS Programs staff as needed through global emails addresses for each program area as an avenue to quickly answer questions on safety practice changes. PP CORE training for new staff included curriculum changes specific to updated policy and practices, the importance and benefits of father engagement, improved emphasis on parent engagement, addition and review of the Permanency Safety Consultations Guidebook, and utilization of the CW Safety Guidebook specific to permanency addressing the Ongoing AOCS Guide, ISP Guide, and Quality Contacts with a Child and Parent. CWS Supervisor Academy was updated to further provide guidance to supervisors about the importance of quality contacts with a child and parent to continuously assess safely and achieve timely permanency. **2.14b** CWS Supervisor Academy was restructured to provide supervisors with quality training by KIDS staff on report utilization and how to interpret data to make case planning decisions.
Objective	**Progress**
2.15 Make changes within the KIDS system to reflect expectations of parent visitation. Including updates with reports and tracking to ensure parents are being engaged often and consistently. Changes to the KIDS system is in alignment with the CFSR PIP. Changes will be fully implemented by March 2020.	**2.15** In November 2019, changes were made to KIDS contact screens to enhance the quality of engagement casework visits. Quality caseworker visits ensure that the CW specialist gathers sufficient and accurate information related to the child, parent, and resource parent's needs. This information is used in case planning and decision-making which impact placement stability and timely permanency. In February 2020, changes were again made in KIDS to allow the CW specialist to enter parent and child contacts in specific screens to mimic the AOCS. This change supports all programs in consistently gathering information about the family to make safety determinations. The ongoing AOCS is utilized throughout the permanency case and at key points of safety and case planning decision-making, such as changes in visitation, reunification and case closure. Both the child and parent caseworker visit screens capture information related to:

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Child Functioning
Discipline
Parenting
Adult Functioning

Quality Contact Guides were created and included in the Framework trainings. The Contact Guide for Parents assists in guiding the specialist's conversation with the parent to enhance parent engagement and support efforts for timely permanency.
Beginning in October 2019, the Parent/Worker Contact report is pulled each month and sent to regional leadership teams. The report tracks percentages of parents visited each month as well as attempted visits to see the parent. Messaging to the leadership teams continues to focus on quality contacts with parents utilizing the Quality Contact Guide. The report is a resource that leadership and CW supervisors can utilize as they work to enhance parent engagement.
</td></tr>
<tr><th>Objective</th><th>Progress</th></tr>
<tr><td>2.16 Use of Permanency Safety Consultations (PSCs) to assess for safety in a team approach at key junctures of the case and throughout the life of the case while the case plan goal is reunification. The PSC fidelity review tool will be utilized for transfer of learning and debriefing purposes during sessions that Continuous Quality Improvement Program support staff are present. Practice trends will be presented to regional leadership quarterly.</td><td>
2.16 A PSC Guidebook was created to clearly outline the purpose, roles of participants, and expectations of structure and accountability for CW specialists, supervisors, district directors, and field managers. The Guidebook was provided to staff during PIP Implementation Training within each Transformation Zone as well as CW-1006 entry level Permanency Planning training. The PSC Guidebook is updated as needed and is given to staff as requested.

Ongoing support about PSC practice guidance is given to the districts as needed or requested. The PSC Coordinator participated in PSCs following the PIP implementation zone schedule as an additional support for supervisors regarding the Framework tools.

PSC Fidelity Reviews were completed in the regions as the Framework was implemented. The reviews were compiled in an online survey system accessible at all times by regional leadership. The reviews are utilized to provide feedback to the regions on practice trends identified during the consultations. The reviews ensure that an ongoing CQI process for the regions is put in place. As of 9/30/19, 10,873 children had a PSC completed at least once while their case was opened.

<table>
<tr><th colspan="2">Permanency Safety Consultations (PSCs)
October 1, 2018 - September 30, 2019</th></tr>
<tr><th>Number of PSC's</th><th>Number of Children Participating in a PSC</th></tr>
<tr><td>5,826</td><td>10,873</td></tr>
<tr><td colspan="2">Data Source: KIDS Data; Run Date: 04/20/20 Duplicated count as a child counts in each PSC where they are identified.</td></tr>
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CWS Programs staff presentations at regional Supervisor Quarterly Meetings focused on current
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	performance in permanency measures as well as practice trends identified through PSCs and other permanency strategies.
Objective	**Progress**
2.17 Use qualitative reviews and ongoing training of outcomes of Initial Meetings and resource placement calls, shifting the focus from completion of the initiative to quality of work therefore improving outcomes. Ongoing evaluation to occur through qualitative review process through CFSR's and ongoing placement stability reviews quarterly to regional leadership throughout the five-year evaluation period.	**2.17** For ongoing evaluation, see Goal 1, Objective 7 qualitative case reviews. In the FM Continuum team, members are assigned from each region. Team members use a Fidelity Review Tool to go over the quality of the meetings. A new tool is being developed to capture and document the purpose of the ongoing FMs. The team utilizes the monthly and quarterly report to track meeting participants and timelines of CSMs. Ongoing evaluation will continue to occur through qualitative review processes as described in Goal 1, Objective 1.8.
Objective	**Progress**
2.18 Continue ongoing collaboration with CIP to engage staff in barriers with the court and improve relationships with court partners in order to enhance capacity of quality representation by contract attorneys, increase timely permanency outcomes, and improve relationships between CW and the courts in order to better outcomes for families navigating the CW system. Ongoing partnership will occur with CIP throughout the five-year evaluation period.	**2.18** A focus group was held in March 2019 with specialists and leadership from all state programs to identify barriers to permanency and key practice components of specialists in court. The information obtained from the focus group was summarized and provided to the CIP subgroup working on this strategy during the May CIP meeting held on 5/3/19. Key practice components identified by the focus group consisted of etiquette in court, a format for consistent report writing and documentation, consistent expectations of communication with court partners to build relationship and trust, and roles/responsibilities of specialists, supervisors, and district directors when adverse rulings are made by the Court. The focus group set the foundation for identifying areas to improve court engagement and relationships with court partners. Based on the information obtained from the focus group and as part of the PIP, a TOL was developed specific to improving court relationships. The TOL sessions were completed in every region and focused on each staff member's role in advocating for permanency and how to respond when adverse rulings are made in court. CWS Programs staff continued to be part of the CIP committee in FFY 19. Ongoing meetings occur with other community partners, including service providers, district judges, and district attorneys. This opportunity allows all parties at the table to collaborate in eliminating barriers identified that prevent timely permanency for children in out-of-home care. Ongoing collaborative efforts will continue to impact timely permanency for reunification, guardianship, and adoption. CWS Program presented at the Judicial Conference in October 2019. The training outlined family engagement efforts, timely permanency efforts, the CIP joint project, outcomes of the CIP Joint Project, and the judicial dashboard. Screenshots of data elements on the dashboards and information on the data points was provided during the training. The Judicial dashboards allow both OKDHS and court partners to utilize data to make improvements to court proceedings, such

	as timeliness of adjudication and permanency hearings, termination recommendations, and adoption finalizations. The internal Judicial Dashboard was launched in this Federal Fiscal Year. Due to technical issues, the external dashboard will be launched at a later date. In March 2020, CWS Program staff attended the annual State Planning Meeting as part of the CIP in Washington D.C. The State Planning Meeting's overarching goal was to discuss the state's vision for primary prevention; however, it also allowed all court partners the opportunity to continue to build working relationships to improve outcomes for Oklahoma children and families.

Goal 3: Enhance capacity for children, families, and resource parents to receive adequate and timely needs assessments to ensure access to appropriate and evidence-based and/or evidence-informed services to achieve case plan goals.

Impacts: Safety 1 and 2, Permanency 1 and 2, Well-being 1, 2, and 3 Items 1 through 18, 29 through 32, maltreatment in care, timely permanency, and placement stability

Measure	Baseline	Current Period	Target by End of FFY24	Data Source
Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs. Item 12: Needs and services of child, parents, and foster parents	21.54%	35.38%	95.00%	CFSR
Percent of children receiving a Child Behavioral Health Screener in accordance with policy	66.7%	60.2%	98.0%	OU
Improvement of children's social and emotional functioning as compared to their own baseline and throughout the duration of service provision	To be created			
Percent of families who complete Family-Centered Services (FCS) and do not have a subsequent removal or unsafe finding within 12 months	95.08%	97.1%	97.0%	KIDS Data
Percent of children needing an intervention and served in FCS	25.0%	49.9%	50.0%	KIDS Data

Objective	Progress
3.1 Enhance family-centered practices by utilizing services that are focused on the family as a whole and are developmentally and/or culturally appropriate. Utilize service providers that will work with families as partners in identifying and meeting needs and strengthening families. Evaluation will occur through contract monitoring of the service providers by CWS Program staff in the form of	**3.1** With the passage of the FFPSA, CWS continues to enhance and expand prevention efforts through FCS cases, as well as improve the provision of appropriate services for children in foster care prior to reunification and supportive services at the time of reunification in order to prevent re-entry into care. Refer to Goal 1, Objectives 1.1 and 1.2 regarding progress in ISS, CHBS, and evidence-based programs and services; Objective 1.8 regarding progress in FMs; and Objective 9 regarding progress in increasing collaboration with OSDH and ODMHSAS.

monthly reports received by the contractors, quarterly site visits/contractor meetings, and annual contract renewal process.	Refer to Goal 2, Objectives 2.1, 2.2, 2.6, 2.8, 2.10, and 2.11 regarding progress in working with families as partners. CWS, in preparation for QRTP requirements and in support of overall child well-being, is working to better assess the needs of youth entering congregate care and to making timely discharges through the use of an evidence-based assessment tool. Work in this regard occurred throughout this reporting period with pilot implementation of the tool for assessing needs of youth ready to step down from congregate care, slated to begin in June 2020. Efforts to strengthen work with families for youth placed in congregate care treatment settings occurred during this reporting period through collaboration and work with the BBI. In November 2019, BBI and CWS hosted a two-day conference in Oklahoma with contracted group home providers. The conference's focus was on successful family engagement and aftercare strategies. In January 2020, CWS began a plan to build on this initial training provided; however, the COVID-19 pandemic delayed implementation that is now slated to begin in June 2020. All congregate care treatment providers contracting with CWS are either currently accredited or working towards accreditation, in line with upcoming QRTP requirements. CWS is supporting this process through its Trauma Informed Care Project contract with OU National Resource Center for Youth Services who provided training to the various providers on the accreditation process. Beginning July 2020, CWS will incorporate data gathering in the group home provider Monthly Report Cards around family engagement during the youth's treatment stay and aftercare work that occurs between the family and provider to understand where there may be areas of concern or best practices to model, in the area of family engagement with this population. In March 2020, CWS made adjustments to duties of CW staff assigned as liaisons to congregate care treatment facilities. The changes allow these CW staff greater opportunities to engage with providers on enhancing services provided for overall treatment, transitioning of youth, family engagement, and aftercare support. CWS continues to complete readiness and fit-related activities, assessing the needed implementation supports and the overall implication FFPSA will have on prevention services from a programmatic and fiscal perspective towards the development of a Title IV-E Prevention Plan that will maximize on the funding opportunities to serve the children and families in Oklahoma. Oklahoma has many collaborative partners that are key for success in the CWS Vision. A FFPSA Steering Committee comprised of external stakeholders and internal staff was formed to engage their involvement in the FFPSA implementation planning process. The FFPSA Steering Committee formally met twice in 2019 to discuss the prevention provisions, particularly

	focusing on the "candidacy" definition and available prevention services that will meet the IV-E Clearinghouse criteria, as well as the provisions related to congregate care and the QRTP requirements. In the appointment of a new OKDHS Director, and subsequently a new CWS Director in June 2019, CWS has been working to align the ongoing Pinnacle Plan and Program Improvement Plan (PIP) strategies with the FFPSA provisions, along with several initiatives within the broader OKDHS aimed to move all social services upstream. To ensure success in the various CWS strategies and the implementation of FFPSA, Oklahoma has partnered with TA providers including AEC, Casey Family programs, purveyors of evidence-based programs, Chapin Hall, local universities, and the Capacity Building Center for States, along with appointing a dedicated FFPSA program administrator within CWS. CWS, in collaboration with the OSDH primary-prevention efforts and ODMHSAS, aim to shift the focus as an agency to primary prevention and family-centered services living out the vision that "Together we promote strong Oklahoma families" and ensuring an integrated system of care for all of Oklahoma's children and families.
Objective	**Progress**
3.2 Evaluation of providers understanding of children, families, and resource parents needs and effectiveness of services provided through information gathered by community stakeholders during the annual stakeholder meetings in partnership with OSDH and CIP. Findings will be assessed to develop and identify solution-focused plans for increasing collaboration between CWS and providers to achieve better outcomes for children and families. Information will be distributed to executive and regional leadership and CW staff.	**3.2** Refer to Goal 1, Objective 1.9 regarding progress in increasing community collaboration with OSDH and Objective 3.18 regarding CIP. The last annual stakeholder meeting held, in partnership with OSDH and CIP, took place during this reporting period, May 2019, and contributed to the development of CFSP goals and objectives. Due to the current COVID-19 pandemic, plans for the 2020 annual meeting are in pending status at this time.
Objective	**Progress**
3.3 Support and enhance a competent, skilled, and professional trauma-informed child welfare workforce to identify and meet the needs of children and families; determining the appropriateness of the services array and broader CW decision-making and case planning. Support will be provided during CFSR case review debriefings with leadership, supervisors, and specialists. Regional case review summaries,	**3.3** The updated CWS CORE curriculum provides increased trauma information. The curriculum describes the impact of trauma on child development, including brain and emotional development; the impact on attachment; and how those impacts can affect relationships. Additionally, trauma-focused foundational learning, in the areas of Motivational Interviewing and crisis de-escalation was included, with the intention to build on this foundation through level courses in the future. This process is bookended by piloting, for CW supervisors, simulation training during Supervisor Academy, with a focus on Motivational Interviewing Experience and Indirect Trauma Sensitive Supervision (ITSS). For additional information in this regard see the Training Plan**, Updates to Targeted Plans within the 2020-2024 CFSP**.

as well as other qualitative review summaries will be provided to the Executive Team and regional leadership that identify practice trends impacting quality outcomes.	Refer to Goal 1, Objective 1.7 regarding progress in qualitative case reviews and Objective 1.6 regarding CFSR case review practice profiles and support provided through the debriefing process and practice summaries shared with the CWS Executive Team and regional leadership.
Objective	**Progress**
3.4 Utilize outcomes from CFSR reviews to inform and enhance the quality and timeliness of the Child Behavioral Health Screener to better serve the needs of children. Information will be shared through CFSR case debriefings and regional case review summaries.	**3.4** Refer to Goal 2, Objective 2.9 regarding progress in use of the CBHS. Refer to Goal 1, Objective 1.7 regarding progress of qualitative case reviews and Objective 1.6 regarding the CFSR case review practice profiles information sharing and utilization of outcomes.
Objective	**Progress**
3.5 Effectively use IMs to support family involvement in assessing needs of the child and resource family by identifying and providing appropriate services to support placement stability. Ongoing evaluation through CFSR's and placement stability qualitative reviews will identify areas needing improvement to enhance the quality and effectiveness of IMs and Resource Parent Support Plans.	**3.5** IMs serve the purpose of bringing children's parents and resource parents together to assist in efforts to make children feel safe and comfortable in their temporary foster care placement. IMs are a chance for families to meet one another; discuss children's needs, and to develop a support plan to aid everyone in meeting those needs identified. The Child and Resource Family Support Plan is created at the IM, to provide supportive assistance to both children's parents and resource families develop a stable placement for the children. Reminders about the purposes of IMs are distributed to CW staff on a consistent basis through email and flyers. Child and Resource Family Support Plans reflect the CWS Practice Standard "We Continuously Seek to Learn Who Families Are and What They Need." The first and largest section in support plans consists of engaging parents to help us learn about their family hobbies, routines, relationships, parent/child interaction and activities. It is their opportunity to discuss their child's needs and what can be done to meet those needs, offering medical information, service providers familiar with the family, educational needs, and important relationships. IMs also guide discussions geared towards the foster home, such as routines, rules, relationships, and hobbies, as a way of letting the child's parents know characteristics of the home in which their children will be staying temporarily. IMs are reviewed by QA staff on a monthly basis for feedback on parent participation and creation of a Child and Resource Family Support Plan. This information is provided directly to the regional Placement Stability Leads which consist of the following per regions: Region 1 - deputy director, Region 2 - program field analyst, Region 3 - district director, Region 4 - district director, and Region 5 - program field analyst. This information is also provided to the deputy director of each region, CQI/QA staff, and Placement Stability Workgroup members, which consist of two QA staff and Foster Care Program staff, in addition to the regional leads. Once received, regional leads share the information with their peers. Providing qualitative review information feedback to these persons equips them with the knowledge needed to discuss this

	practice area with their regional leadership teams at their leadership meetings. Monthly flyers with compliance data as to IM and Resource Parent Support Plans, in addition to other data which effects placement stability, is also provided to the Placement Stability Leads and facilitates discussion at monthly regional leadership meetings. Data analyzation from IM reviews revealed IMs may be of better quality and have increased parent participation, if the compliance time frame is adjusted from 10-business days to 30-calendar days and if the IM is facilitated by CWS PP staff. This adjustment gives time for more thoughtful planning and information gathering during meeting preparation. Resource parents have a better of idea of the supports they need in their home after a child was placed there for more than 10-business days. As a result, a memo was delivered to staff on 2/13/20 advising of this change. A quality example of a Child and Resource Family Support Plan was also created by the Placement Stability workgroup and disseminated to staff for guidance. Following the timeframe change for IMs, the Resource Check-In Call Guide was revised to provide pointers to staff as to what known information needs to be provided to resource parents after two-business days of placement. At the time of this writing, staff are still in the process of gathering information and assessing for children's needs in this regard. An online training course is in development with hopes making it available to staff summer 2020. The training will include information about the importance of IMs and Resource Check-in Calls with the goal of positively impacting placement stability data further. IM reviews continue, not only for the purposes of identifying areas of strengths and areas needing improvement, but also for the purpose of identifying supports and resources needed to improve staff practice. Refer to Goal 1, Objective 1.7 regarding qualitative case reviews.
Objective	**Progress**
3.6 Build community partnerships with the education system through school-based social workers to adequately identify appropriate prevention services for children and families in need. Ongoing collaboration and decision-making will occur during annual stakeholder meetings.	**3.6** CWS Community Partnerships has 11 School-Based Specialists (SBSs) onboard in Regions 2 and 4. One of a SBS's primary functions is to identify at-risk children through an inner school referral system, emphasizing child safety, child well-being, and parental/family protective factors. SBS staff often assist families that might be at-risk of coming into contact with CWS; thereby, possibly preventing future CW involvement. SBS staff act as liaisons to OKDHS and may assist CW specialists and resource families when foster children are enrolled at the SBS's assigned school. SBS staff serve children and families as part of the school's team and work to make connections with community-based services and resources. SBS staff can convene community support groups to fill gaps in community resources and help families overcome barriers to their success. SBS staff attempts to impact the community positively on Caring teams, multi-disciplinary teams (MDTs), and collaborative community teams, in efforts to work together to improve outcomes and

	reduce risk facts for families being served. SBS duties vary within a given school system; however, most are responsible for: • Helping explain OKDHS programs and educate families of students, school personnel, and community groups. • Participating in the identification and resolution of problems that interfere with a student's ability to be successful. • Intervening with students in crisis and coordinating crisis plans to assist the whole school community. • Helping obtain school records, such as present grade, performance, strengths, and needs, shot records, and Individualized Education Program (IEP) information for children placed in OKDHS custody who were enrolled or are now enrolled and attending the SBS's assigned school. • Acting as a liaison to CWS for CPS investigations and PP or FCS open cases. • Serving on CWS MDTs and attending CWS team meetings. • Coordinating services when there is an identified educational need for a foster child between the teacher, foster parent, CW specialist, parent, and tribal worker, if appropriate. • Providing information to facilitate the families' use of community resources for meeting basic and other needs. • Being readily accessible to students and their families during periods requiring intervention. • Providing preventive services and access to an array of identified service needs, including OKDHS services, employment, housing, and utility assistance. • Assisting with head lice education, chronic absenteeism, domestic violence information, substance abuse, and other issues. • Seeking to develop and facilitate collaborative partnerships for prevention and services between school and the community. Future plans for the program's expansion include hiring additional school-based staff and developing a feedback questionnaire for the partnering school officials to solicit feedback and improve ongoing service provision.
Objective	**Progress**
3.7 Utilization of Early Periodic, Screening, Diagnosis, and Treatment (EPSDT) to identify and link through referral for necessary medical and behavioral health treatment. The EPSDT will support CWS in early identification of medical and behavioral interventions.	**3.7** As in the past, Oklahoma utilizes the Medicaid EPSDT schedule. Oklahomans under the age of 21 who are receiving medical benefits may receive the EPSDT, a set of services administered by the OHCA. EPSDT authorizes screening, and diagnostic and treatment services. Mental health services, when deemed medically necessary, qualify under EPSDT. Specific screening provisions include: • periodic screening according to the schedule of frequency, or at minimum an annual

physical exam. EPSDT allows the CW specialist to provide an initial health screening for each child placed in OKDHS emergency custody to identify any health problems that require immediate treatment, diagnose infections and communicable diseases, and evaluate injuries or other signs of abuse or neglect; and

- a yearly behavioral health or developmental screening, and, when recommended, a behavioral health or developmental assessment, within 60-calendar days of the screening.

CW policy requires EPSDT screening according to the schedule of frequency or at a minimum of an annual physical exam. In addition, the CW specialist provides as soon as practicable after the filing of the petition, an initial health screening for each child placed in OKDHS emergency custody to identify any health problems that require immediate treatment, diagnose infections and communicable diseases, and evaluate injuries or other signs of abuse or neglect. The CW specialist schedules the initial health and developmental screenings for the child based on the needs and age of each child placed in out-of-home care. The CW specialist ensures, in coordination with the placement provider and/or parent, when applicable, that the child in out-of-home care receives timely needed routine care, per the EPSDT schedule at a minimum, and specialized medical care, including medical, dental, visual, and counseling services.

Section 1-7-103 of Title 10A of the Oklahoma Statutes requires that OKDHS provide medical care necessary to preserve the child's health and protect the health of others in contact with the child. Each child in OKDHS custody is to receive:

- yearly mental health or developmental screening;
- yearly dental exams when the child is older than three years of age;
- dental services for children younger than three years of age, as needed;
- immunizations initiated and kept current;
- visual and hearing evaluation exams and corrective lenses or hearing aids, when indicated;
- outpatient or inpatient behavioral mental health treatment, when appropriate; and
- physician services when the child is sick, which is not considered a physical exam; and
- follow-up and referral services as recommended by a qualified professional.

Health needs identified through screenings are monitored and treated, including emotional trauma associated with a child's maltreatment and removal from home. The CW specialist may consult with the CWS Nursing team for assistance with understanding the medical needs of a child and providing medical education to foster and biological parents. The OHCA provides reminders when vaccines or EPSDT visits are due, and OHCA also offers some additional chronic disease monitoring for individuals within certain risk/disease subpopulations. Subsequently, the CW specialist or nurse coordinates with care providers routinely during the required contact with child and placement provider.

Objective	Progress
3.8 Utilization of an evidence-based screener to determine appropriate treatment needs of children and families.	**3.8** Refer to Goal 2, Objective 2.9 regarding CBHS. In addition to the ongoing use of the CBHS, OKDHS CWS is currently in the midst of planning and implementation efforts related to using the CANS tool across the placement continuum as an evidence-based screener to determine appropriate treatment needs of children and families. Piloting of the CANS is slated to begin sometime in the summer of 2020 within OKDHS CWS group home settings, in preparation for upcoming QRTP requirements in October 2021.

Quality Assurance System

The Child Welfare Services (CWS) Continuous Quality Improvement (CQI)/Quality Assurance (QA) system was utilized regularly throughout the reporting period in measuring progress and revising goals, objectives, and interventions of the Child and Family Services Plan (CFSP) as part of the Child and Family Services Review Program Improvement Plan (CFSR PIP) process. This was primarily accomplished through the compilation and sharing of regional practice profiles created from the 65 CFSR cases reviewed for the Adoption and Foster Care Analysis and Reporting System (AFCARS) 18B reporting period which concluded 10/31/19. Information in these profiles was shared with the CWS Executive Team and regional leadership teams and included identification of strengths and areas needing improvement on all safety, permanency, and well-being outcome items 1-18, for each of the five regions. Additionally, data from other regularly occurring reviews, including but not limited to, Initial Meetings, maltreatment in care (MIC), Permanency Safety Consultations (PSCs), and Intensive Safety Services (ISS), which were completed by program staff and QA staff, were shared regularly with regional leadership.

The qualitative and quantitative information sharing assisted regional leadership teams in formulating and revising their regional charters to measure progress and improve overall practice. Furthermore, during this reporting period CQI staff became regular members of the regional leadership teams, attending their monthly meetings to provide consultation, feedback, and support based on data derived from completed reviews across various areas of completed work. Specifically, in Region 5, QA staff became fully enmeshed with the regional leadership team and involved in several projects, which included, but were not limited to, spearheading work on quality caseworker visits and being active and integral members of Region 5's MIC steering committee. CQI/QA leadership intends to continue the process of CFSR case review data compilation, analysis, and feedback in the form of regional practice profile development and sharing through ongoing and continued CQI Statewide Implementation Team (SIT) meetings. This process should provide further measurement and tracking of progress on CFSP goals and to advise development and revision of regional charters, in efforts towards sustaining and surpassing the progress realized through the PIP's recent completion. The second set of regional practice profiles was completed from the 65 CFSR cases reviewed for the AFCARS 19A reporting period and plans are in progress to ensure this data's effective distribution with both the CWS Executive Team and regional leadership teams.

CWS sustains the ability to conduct a state case review process for CFSR purposes in accordance with the Children's Bureau document *Criteria for Using State Case Review Process for CFSR Purposes*. CWS applies the CQI process consistently across the state and maintains oversight and authority over CQI implementation. CWS established and follows written and consistent standards and requirements, per the CFSR Procedure Manual, which includes completion of an internal case review process that assesses statewide practice performance in key child welfare (CW) performance areas of safety, permanency, and well-being using a uniform sampling process and methodology. Individual case reviews are completed utilizing the federal Onsite Review

Instrument (OSRI) and are applied to randomly selected cases across the state. The sample consists of 130 cases reviewed over two six-month periods. The sample is comprised of 80 out-of-home cases, 40 each six-month period, and 50 in-home cases, 25 each six-month period, respectively.

CWS maintains the five essential components identified in the Children's Bureau's "Information Memorandum ACYF-CB-IM-12-07" that comprise an effective quality assurance system: an administrative structure to oversee CQI system functioning, quality data collection; a method for conducting ongoing case reviews; a process for analysis and dissemination of quality data on performance measures; and a process for providing feedback to stakeholders and decision makers in order to adjust programs, practices, and processes.

Foundational Administrative Structure

CWS maintains the capacity and resources necessary to sustain an ongoing CQI process in that CWS has a team dedicated to quality assurance activities, known as the CWS CQI Program. Historical instabilities in the administrative structure of the CQI Program were remedied this past year as previous vacancies in leadership roles were permanently filled. The CQI Program is led by a program administrator who reports directly to the deputy director of CWS Programs. Within the CQI Program, three teams have direct responsibility for activities related to the quality assurance system: the CFSR team and two QA teams. The CFSR team is led by a newly-appointed program supervisor and is comprised of five program field representatives (PFR's). The first QA team is led by a program supervisor with five PFR's. The second QA team is led by a program supervisor with four PFR's. One CFSR team member and two QA team members are collectively assigned to each of the five regions except in Region 4 where there is one CFSR team member and one QA team member assigned. In the CFSP, plans indicated CWS would fill the vacancy; however, this has not yet happened. Efforts toward ensuring this region has a full three-member support team in place are ongoing. An additional unit of CQI program staff, who report directly to the CQI program administrator, is the Contract Performance Review (CPR) team, which conducts QA-related audits for contracts associated with placements. The CPR team also serves as second level QA reviewers within the CFSR framework. Training and other supports undertaken by CQI staff to further develop and enhance their expertise during this reporting period included involvement and completion of CFSR PIP-related training regarding the Supervisory Framework, annual completion of Online Monitoring System module trainings, and participation in the Capacity Building Center for States webinar training "Understanding Outcomes and Applying Lessons Learned: Monitoring and Evaluation in Implementation" training. With all CQI leadership roles now filled, plans are underway to develop a more standardized approach to future CQI staff growth and development.

Quality Data Collection

CWS collects data, both quantitative and qualitative, from a variety of sources to support its current quality assurance system. Oklahoma's Statewide Automated Child Welfare Information System, also known as KIDS, is a comprehensive, automated case

management tool that supports CW practice. KIDS is used to collect and extract accurate quantitative and qualitative data and is intended to hold a state's official case record that includes a complete, current, accurate, and unified case management history on all children and families served by the state's Title IV-B and Title IV-E entities. CWS utilizes additional sources to assess current functioning within multiple components of the CW system.

Case level data is collected through the CFSR process from the current federally approved OSRI. Data collected in this process is done so it's consistent with the instrument, consistent across reviewers, and is properly implemented across the entire state. Assurance of consistency and proper implementation is overseen by CQI Program leadership and is maintained through the various audit and quality assurance mechanisms outlined in the CFSR Procedure Manual. The various audit and quality assurance mechanisms summarily consist of standardized training for all staff within the CQI Program regarding OSRI application. Further support for consistency of ratings across multiple sites and reviews is built into the process by: the CFSR program supervisor debriefing and discussing items and outcomes as well as the OSRI scoring logic with staff conducting case reviews; third party second-level quality assurance reviews conducted by trained staff from the CPR team; and conducting a full CQI team debriefing at the conclusion of each six-month period. The full CQI team debriefing process remains an important activity. Of note is that during this reporting period, individual CFSR case review debriefings began to consistently include not only CWS field staff with assigned responsibilities to the case under review but also their assigned district directors, regional directors, and their regional assigned QA staff.

Additional quantitative and qualitative case level data were collected directly by the CQI Program as part of the QA team's role in completing reviews of ISS cases across the five regions. This included utilizing a standardized review instrument, as well as a focus on measuring ISS model fidelity and the quality of tertiary prevention services provided. The QA teams were also involved in reviews of the Eckerd Rapid Safety Response pilot project from in Region 3, PSCs, and Child Protective Services (CPS) Safety Consultations when requested by regional leadership staff.

CWS acknowledges that meaningful data does not only come from the processes outlined above. CWS utilizes additional sources to assess current functioning within multiple components of the CW system. This includes evaluations, surveys, and focus groups with both internal and external stakeholders, as well as additional case reviews for purposes of CPS appeals, MIC, resource home approvals, and PSCs. Standardized data gathering and analysis in these additional areas to inform the broader ongoing QA activities in a holistic manner were not accomplished during this reporting period. CQI program leadership remains committed to ensure this occurs going forward to ensure both quantitative and qualitative data are used to improve practice and outcomes for families and children, consistent with best practice, from all areas in which regular reviews are conducted.

Case Review Data and Process

CWS established an ongoing case review component that includes reading case files of children served by CWS and interviewing parties involved in the cases. Progress was made in the plans identified in the CFSP to improve areas of the CFSR case review process. Progress during this reporting period included bi-annual trend and outcomes reporting to the regional deputy directors and CWS Executive Team; presentation of trend and outcome reports to the regional leadership teams through CQI SIT for the purposes of regional charter development and revision; and monitoring progress of improvement strategies already undertaken.

Analysis and Dissemination of Quality Data

CWS has the ability to collect quality data from a variety of sources as outlined and maintains mechanisms to gather and track information over time. Consistent and standardized organization, analysis, and data dissemination began to occur during this reporting period as noted regarding to the sharing of bi-annual trend and outcome reports with regional deputy directors, the CWS Executive Team, and regional leadership teams related to CFSR outcomes data. Plans continue for combining the CFSR trend and outcomes data with additional data related to all other regularly completed ongoing reviews in other programmatic areas, to create a holistic trend and data report for the purposes of measuring and improving practice across CWS. CQI leadership remains committed to seeking out consultation from experts in this area when necessary to develop this process.

Feedback to Stakeholders and Decision–Makers and Adjustment to Programs and Process

As previously noted, bi-annual trend and outcome reports were shared during this reporting period with internal decision-makers at the statewide and regional leadership levels. This was in addition to the regular sharing of data and trend reports along with consultation provided by CQI staff through their inclusion and involvement in regularly occurring regional leadership meetings. The CQI SIT was established as a venue to share results, inform training, policy, and practice, as well as to begin to develop the link between results and daily casework practices as it related to work conducted as part of the CFSR PIP. CQI leadership intends to continue this practice as a valuable, critical, and effective component of the broader CQI system and for purposes of continuing the progress made through the CFSR PIP process.

CWS conducts and facilitates at minimum, an annual stakeholder feedback session where various CWS data is shared and stakeholders' recommendations are received for consideration of practice and system improvement. The last annual stakeholder meeting was held in May 2019, and contributed to the development of CFSP goals and objectives. Due to the current COVID-19 pandemic, plans for the 2020 annual meeting were temporarily placed on hold; however, the intention is to bring together external stakeholders and sister agencies, specifically the Oklahoma State Department of Health and the Court Improvement Project, in this manner once restrictions are lifted and it is safe to do so.

Update on the Service Descriptions

Stephanie Tubbs Jones CWS Program (Title IV-B, subpart 1)

The Stephanie Tubbs Jones Child Welfare Services (CWS) Program provides funds for Oklahoma CWS programs directed toward the goal of keeping families together. They include preventive intervention so that, when possible, children will not have to be removed from their homes. When this is not possible, children are placed in foster care and reunification services are available to encourage the return of children who were removed from their families. CWS utilizes these funds to provide the following services all of which are available statewide:

Child Protective Services (CPS) - a child welfare (CW) service provision that focuses on preventing, identifying, and treating child abuse and neglect to ensure child safety. Efforts are made to maintain and protect the child in his or her own home when safety threats can be managed and controlled. The primary purpose of CPS intervention is to protect the child, assess family strengths and needs, and provide services to remedy the conditions and behaviors that created threats of abuse or neglect. When a safety threat is identified and there is no person responsible for the child (PRFC) with the capacities to protect the child, the CW specialist may open a Family-Centered Services (FCS) case when safety planning can prevent removal, or a Permanency Planning (PP) case when court involvement is required to ensure the child's safety. During April 2019 – March 2020, 36,121 CPS investigative and assessment services were conducted statewide.

Foster Care Maintenance - foster family care is a planned, goal-directed service that provides full-time substitute care and supportive services to children in an approved foster family home pending realization of permanence. Foster family care is considered the least-restrictive setting outside of the child's own home, a kinship home, or the home of tribally-defined extended family members. Foster care maintenance payments cover the cost of food, clothing, medical care, shelter, daily supervision, school supplies, a child's personal incidentals, liability insurance with respect to a child, reasonable travel to the child's home for visitation, and reasonable travel for the child to remain in the school in which the child is enrolled at the time of placement. In the case of institutional care, foster care maintenance payments include the reasonable costs of administration and operation of such institution. On any given day an average of 7,893 children and youth, in the care and custody of the Oklahoma Department of Human Services (OKDHS) CWS, receive this service.

Adoption Subsidy – adoption subsidy is assistance that helps to secure and support safe and permanent adoptive families for children with special needs. Adoption assistance is designed to provide adoptive families of any economic stratum with needed social services, and medical and financial support to care for children considered difficult to place. Federal and state law provides for adoption-assistance benefits including Medicaid coverage, a monthly adoption-assistance payment, special services, and reimbursement of non-recurring adoption expenses. Approximately

24,000 children and their adoptive families receive adoption assistance payments.

Services for Children Adopted from Other Countries

CWS Post-Adoption Services provides referral services for families who adopt children from other countries; and assists the service caseworkers who help families access appropriate community resources to support the family's needs. The services also include access to respite funds, which are dependent upon available funding. Respite funds are provided to the adoptive parents based on the same criteria set forth for CWS resource families. Respite funding is not means tested and is based on the family's circumstance.

Inter-Country Adoptions

One child from the Congo entered into the custody of OKDHS in State Fiscal Year (SFY) 18 as the result of adoption dissolution. The child entered trial adoption on 12/21/18 and finalized on 6/28/19. No new children with a prior adoption from other countries have entered into state custody as of April 2020.

Services for Children under the Age of Five

CWS continues to use multiple methods of identifying and tracking children under five years of age and this population's service needs. CWS uses the Adoption and Foster Care Analysis and Reporting System (AFCARS) data files, state WebFOCUS reports, and Chapin Hall Multi-State Foster Care Data Archive reports. These different reports provide multiple data viewpoints, such as point in time, entry, and exit cohorts. These data assist in targeting efforts to ensure needs are met for all vulnerable children including their developmental needs.

The percentage of children under five years of age in foster care relative to the total number of children in out-of-home care at the end of the Federal Fiscal Year (FFY) remained relatively steady over the past five federal fiscal years. CWS has ongoing efforts for numerous projects aimed at increasing the number of children served preventatively, including implementation of the Title IV-E Waiver Demonstration Project. This project is structured for preventing the removal of children and supporting efforts to keep the number of children in care from increasing. The initial project ended on 9/30/19; however, due to the overall positive findings regarding children served preventatively, CWS continued the Intensive Safety Services (ISS) offered through the Demonstration Project for all regions in the state. Beginning in October 2019, a second evaluation of the services began in Regions 3 and 5. Additional efforts include those strategies implemented and sustained through the CFSR PIP and the progress reported in the **Update to the Plan for Enacting the State's Vision**, Goal 1, Objectives 1.1, 1.2, 1.3, 1.5, 1.7, and 1.8. CWS also implemented additional permanency strategies to reduce time in care for children as reported in Goal 2.

Citizens for Children and Families, formerly Children and Families Council, is a CW

collaborative created in 2014 as a part of the Pinnacle Plan. Since the Council's establishment, the group developed and carried out several partnership demonstration projects aimed at improving the safety, permanency, and well-being of children. The group meets monthly and includes partners from various sectors, comprised of the courts, non-profit service providers, higher education, CW, private foundations, and child advocates. This group's work resulted in two initiatives that focus on improving infant and early childhood outcomes. One initiative is modeled off the national Safe Babies Court Team program. A team of CW specialists, an age-appropriate behavioral health specialist, and court personnel work together to expedite services, shorten the time to reunification, and improve outcomes. Safe Babies is an active program specific to Tulsa County in Region 5. The second initiative is in the planning stages with an implementation plan in place. This initiative provides for Infant and Early Childhood Mental Health Consultation in child care centers with high populations of children who are in foster care.

The Child Behavioral Health Screener (CBHS) was created and implemented through the Oklahoma Trauma Assessment and Service Center Collaborative grant project. The project's goal was to improve the assessment of children's mental and behavioral health as well as to improve identification of and referral to services by appropriately assessing children's needs. The CBHS continues to be completed after a child is in an eligible placement, such as traditional, kinship, or therapeutic foster care; Level B and C group home care; or their own home in trial reunification, for at least 30-calendar days, and then monthly thereafter during the caseworker's monthly physical contact with the child and caregiver. The data from the outcomes evaluation collected May 2015 through December 2017 indicated a positive shift in culture and practice from automatically referring children to behavioral health services to utilizing data to drive decision-making and case planning efforts and shows overall system efforts to decrease unnecessary services. For each initial and additional screening, a small but statistically significant correlation exists with a decrease in both time in OKDHS custody and number of placement changes.

Due to the positive CBHS outcomes, CWS is sustaining the administration and utilization of the CBHS within practice to ensure continued identification of children's needs and access to services through monthly administration and follow-up with service providers. CW specialists continue to administer the CBHS during caseworker visits with children residing in family-like placements such as foster family care, adoptive families, or own homes in trial reunification or prevention (FCS) cases. The OKDHS CWS Clinical Team, in partnership with the University of Oklahoma Health and Sciences Center (OUHSC), is involved in guiding future implementation and application of information gained from screener administration, to ensure not only that the tools themselves are evidence-based, but that the information's application and use is sound.

Since the CBHS was embedded into the Oklahoma State Automated Child Welfare Information System (SACWIS), also known as KIDS, in 2017, data from the most recently administered screeners is captured in a report accessible to all CW staff. This general WebFOCUS report provides an excellent tool for field staff to manage their use

of CBHS, draw conclusions, and assist in decision-making surrounding resource provision, placement stability, and children's well-being. An additional report is generated for children with four consecutive screeners warranting a referral for services and is utilized by Programs staff to identify a population of children who may be in need of additional attention to ensure their treatment needs are sufficiently met and placements stabilized.

The CBHS outcomes evaluation from data collected May 2015 through March 31, 2020 consisted of 270,683 screeners, which were administered across 31,468 children. Repeated administrations of CBHS reveals information about how a child is functioning over time and assesses improvement or regression in functioning. For FFY 19, of the 69,644 administered screeners across 13,516 children, 30,676 were scored as elevated/positive and warranted a referral for a trauma-informed mental health assessment. Of the 13,516 children administered a screener, 9,031 children or 67 percent screened had scores which warranted a referral for a clinical assessment. Of those 9,031 children, 5,009 or 55 percent were already receiving behavioral health services, with 4,022 children or 45 percent, with a score that warranted a referral for a clinical assessment were reported not currently receiving behavioral health services. The data also shows that out of the total 13,516 children administered a screener, 4,485 or 33 percent of children with screeners had scores not warranting a referral. Of those 4,485 children, 1,460 were still receiving some type of behavioral health services, with 3,025 children reported as not receiving behavioral health services.

FCS policy directs staff to complete the CBHS on a monthly basis throughout the life of the case. All ISS cases have a FCS case as well, so they continue to receive the CBHS monthly. Children involved in FCS cases and in trial reunification are also administered the CBHS.

All substantiated cases require a referral to SoonerStart for children two years of age or younger. This includes FCS cases, as an FCS case is not opened unless the findings were substantiated. Findings from the SoonerStart evaluation allow the specialist and the PRFC to ensure that the child's developmental needs are met through service referrals.

Children entering custody are required to receive an Early Periodic, Screening, Diagnosis and Treatment (EPSDT) screening upon removal and ongoing as needed. During this fiscal year, the EPSDT requirements was amended to require the exam be completed within 21 days of entering custody to evaluate the physical, developmental, medical, mental health, and educational needs. Policy was revised to include the new changes due to Oklahoma House Bill (H.B.) 1075 (2019). Staff was provided training over the updated time frame requirement.

Services for children in both out-of-home care and those in FCS cases can include CHBS, ISS, SafeCare, SoonerStart, and other behavioral health services. However, the capacity around the availability of those behavioral health services for infants and young children remains somewhat limited. Oklahoma was previously working to increase the

workforce through the Systems of Care (SOC) grant's second round, SOC^2, and Project Launch grant through the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) and Oklahoma State Department of Health. The SOC^2 grant is utilized by ODMHSAS to expand efforts primarily around workforce development through introduction of specialized training and Reflective Consultation to promote increased competency for serving children 0-5. The training efforts included introduction on models specific to serving the 0-5 population, foundational training on infant mental health (IMH), assessment protocols, and the DC: 0-5, Diagnostic Classification of Mental Health and Developmental Disorders in Infancy and Early Childhood. ODMHSAS also provided consultation to Community Mental Health Centers to think about how to incorporate IMH services into their agencies and develop their staff's capacities. All of these efforts fit within the ODMHSAS state plan for IMH that highlights four goals:

1. Promote awareness of the significance of infant and early childhood mental health.
2. Enhance the capacity of the infant and early childhood mental health work force to effectively meet the needs of infants, children under age six, their families, and caregivers.
3. Develop and expand programs for early identification and treatment of infants, toddlers, and children under six exhibiting mental health concerns and their families.
4. Utilize research, evaluation, and performance measurement data to drive planning and implementation of effective mental health programs, services, and systems serving infants, toddlers, and children under age six. These goals remain the focus of all of the work ODMHSAS does within their grants and community engagement efforts.

A SoonerStart referral is also made on CHBS cases, which could include both substantiated and unsubstantiated CPS investigations, FCS and PP cases. Further assessment is completed by the CHBS worker and the SafeCare model addresses the needs of young children, as well. SoonerStart continues to be utilized as Oklahoma's early intervention program for infants and toddlers through 36 months of age. It is designed to meet the needs of infants and toddlers with disabilities and developmental delays. All children in Oklahoma younger than 36 months of age are eligible to be screened for the services. CWS policy requires that the CW specialist refer children younger than 36 months of age who are victims of substantiated child abuse or neglect for a SoonerStart assessment and receive ongoing services when developmental delays or other conditions are identified. SoonerStart services may include:

- diagnostic and evaluation services;
- case management;
- family training, counseling, and home visits;
- certain health services;
- nursing services;
- nutrition services;

- occupational, physical, and speech-language therapy; and
- special instruction.

Services are offered at no charge to families and provided in a natural environment, such as the home, foster home, or child care facility. This program mandated by federal and state law is funded through various federal and state sources. This resource helps provide insight about the child so that the child's needs are safely met. SoonerStart is Oklahoma's Part C of Individuals with Disabilities Education Act program. The lead state agency is the Oklahoma State Department of Education (OSDE). This agency provides case management with all other services provided through a contract with the Oklahoma State Department of Health (OSDH). SoonerStart authorizes screening to determine the qualification for early intervention services for developmental delays, particularly in areas of physical development. The instrument for the routine screening is the Ages and Stages Questionnaire.

During the initial and ongoing assessment of child safety, each child is assessed individually during the Assessment of Child Safety (AOCS). The ongoing assessments, which are part of the PP case, build off the initial assessment completed during the CPS investigation. During each ongoing AOCS, the CW specialist continues to assess each child separately with regard to the child's well-being, how the child functions, behaves on a daily basis, and the child's role in the family. The CW specialist considers each child's general behavior, emotions, temperament, and physical capacity. The CW specialist also documents the PRFC's understanding of the child's development and functioning now as compared to the time of the removal to ensure needs are being met.

- The AOCS key questions determine:
  - if the child's individual needs are being met;
  - if there are any unusual child behaviors;
  - the child's sense of security;
  - the child's physical health;
  - the child's vulnerability;
  - signs of positive interaction with PRFCs; and
  - collateral information related to child functioning.
- Information gathered in this piece of the safety assessment includes the child's current:
  - capacity for attachment;
  - general mood and temperament;
  - intellectual functioning;
  - communication and social skills;
  - expressions of emotions and feelings;
  - behavior;
  - peer relations;
  - school performance;
  - motor skills;
  - physical and behavioral health;
  - functioning within cultural norms; and

- developmental functioning.

In November 2019, changes were made to child contact screens in KIDS. The case contact screens now mimic the AOCS key questions as outlined in Goal 2, Objective 2.15, and focus on child functioning. The information gathered from the monthly caseworker contacts is documented in the Child Functioning tab in the child contact screens. Additionally, as part of the Safety through Supervision Framework, staff was provided with a Quality Contact Guide with a Child, which was created to assist in gathering information related to the child while conducting monthly caseworker contacts. The Quality Contact Guide with a Child focuses on the following child needs under the functioning section:

- Discuss and consider the child's:
  - emotional/physical health;
  - development;
  - gender identity and sexual orientation;
  - relationships and role within the family;
  - mood and/or behaviors;
  - sleeping arrangements;
  - social skills;
  - education and the parent(s)' role and/or participation in the child's educational needs; and
  - functioning within cultural norms.
- Describe how the PRFC or resource parent(s) meets the child's needs.
- Obtain collateral information regarding these discussion areas.

The number of children under five years of age is approximately 46 percent of Oklahoma's population of children in care at any given point in time.

Children Under 5 - In Care Last Day of Federal Fiscal Year			
Year	Children In Care Last Day of FFY	Children Under 5 Years of Age	Percentage
FFY2015	11,168	4,625	41.4%
FFY2016	10,070	4,307	42.8%
FFY2017	9,312	4,203	45.1%
FFY2018	8,628	3,995	46.3%
FFY2019	8,307	3,815	45.9%
Data Source: AFCARS Data Files			

The racial make-up of the children under five years of age in out-of-home care on the last day of the FFY remained relatively steady from FFY 15 to FFY 19.

Children Under 5 By Race - In Care Last Day of Federal Fiscal Year							
Year	Asian	Black	Indian	Multi-Racial	Pacific Islander	White	Unknown
FFY2015	0.0%	9.8%	13.3%	29.9%	0.1%	46.9%	0.0%
FFY2016	0.0%	10.3%	12.7%	31.8%	0.0%	45.1%	0.0%
FFY2017	0.1%	9.5%	13.2%	32.6%	0.1%	44.6%	0.0%
FFY2018	0.1%	9.5%	13.9%	30.6%	0.1%	45.9%	0.0%
FFY2019	0.0%	9.8%	13.3%	31.1%	16.0%	45.7%	0.0%
Data Source: AFCARS Data Files							

The percentage of children under five years of age on the last day of the FFY with an indicated disability has slightly decreased from FFY 16 to FFY 19. Approximately 9 percent of the children younger than five years of age have an identified disability.

Children Under 5 With Disability Indicated In Care Last Day of Federal Fiscal Year			
Year	Children Under 5 Years of Age	Disability Indicated	Percentage
FFY2015	4,625	471	10.2%
FFY2016	4,307	475	11.0%
FFY2017	4,203	470	11.2%
FFY2018	3,995	372	9.3%
FFY2019	3,815	358	9.4%
Data Source: AFCARS Data Files			

The data provided in this section underscores the continued need for Oklahoma's emphasis on service development for this particular child population, as children younger than age five are almost half of the population of children in care.

Efforts to Track and Prevent Child Maltreatment Deaths

Preventing child maltreatment fatalities includes addressing the underlying issues of: substance abuse, behavioral health, domestic violence, family instability, poverty, infant mental health, lack of parental support, and lack of access to resources. The prevention of child maltreatment fatalities requires a public health framework with both public and private sector partners engaged and working at state and local levels toward positive partnerships impacting advocacy, community awareness, and systemic change. OKDHS CWS partners with public health agencies, law enforcement, child maltreatment physicians, and the courts in an effort to prevent and track child maltreatment fatalities. OKDHS CWS is a member of the Oklahoma Child Death Review Board (CDRB) and reviews their annual report to identify trends in child deaths or near deaths. In addition to a representative from OKDHS, the CDRB is comprised of representatives from the following: Oklahoma State Bureau of Investigation, OU Children's Hospital Child Protection Team, Oklahoma Health Care Authority, Oklahoma Bar Association, National Association of Social Workers, Office of Juvenile Affairs, Oklahoma Commission on Children and Youth (OCCY), Post Adjudication Review Board, Oklahoma Court Appointed Special Advocate, Office of the Chief Medical Examiner, Oklahoma Psychological Association, ODMHSAS, Oklahoma State Medical Association, Oklahoma Osteopathic Association, Oklahoma Coalition Against Domestic Violence and Sexual Assault, OSDH, Oklahoma District Attorney's Council, American Academy of Pediatrics,

Indian Child Welfare, local emergency medical technician and law enforcement agencies. OKDHS CWS uses this data to evaluate and support changes to CWS policy, practice, or training, as needed. OKDHS CWS provides data and trends analysis to internal and external partners to support child safety through the addendum, *Child Deaths and Near Deaths* of the annual SFY, *Child Abuse and Neglect Statistics* report.

OKDHS CWS attended the Child Abuse Prevention Statewide State Plan meeting in October 2019. The meeting scheduled for April 2020 was canceled due to the COVID-19 pandemic. At the time of this report, the rescheduling of the meeting is pending.

OKDHS CWS continues regular attendance and participation with the Oklahoma CDRB and the Board of Child Abuse Examiners. Oklahoma H.B. 2610 (2019) directs the Bureau of Vital Statistics to notify OCCY of any child death. The Commission then submits the information for a child maltreatment medical review to a child abuse examiner or a child abuse pediatrician. The child maltreatment medical review findings are forwarded to OCCY, OKDHS, law enforcement, and the child advocacy center or child abuse multidisciplinary team where the suspected maltreatment occurred, and to the Oklahoma CDRB. Child maltreatment review findings are considered prior to the closing of a child death investigation conducted by OKDHS CWS. Child maltreatment investigative findings pertaining to child deaths are reported to NCANDS by the CWS Technology and Governance Reports Unit which is responsible for all federal-mandated reporting as described in the Statewide Information System, **Update to Assessment of Current Performance in Improving Outcomes.**

During this fiscal year, in compliance with Oklahoma H.B. 2610, policy was revised to include the consideration of the child maltreatment medical review upon making a finding to a child death investigation. CW staff were provided training of the requirement and the Specialized CPS, Advanced CPS, and Child Death Investigations trainings curriculum were updated to reflect the new requirement.

The Office of Vital Statistics began sending OCCY child death records in November 2019. The death record includes the child's name, date of birth, date of death, and any other identifying information. The record is sent to OCCY within 72 hours of the death to ensure the medical review occurs as part of an active investigation. OCCY reviews the information received from the Office of Vital Statistics in conjunction with OKDHS' "Initial Report" regarding the child's death, which includes any history the family has with OKDHS, and all records made available to OCCY per the statute guidelines for the Oklahoma CDRB. OCCY then determines if the death appears suspicious and if so, requests a child maltreatment review from a child abuse examiner. At the time of this report, there is not a data tracking mechanism by OCCY for how many cases were referred to a child abuse examiner. OCCY estimates five or fewer cases were referred to a child abuse examiner since November 2019; all cases referred by OCCY were completed as requested by a child abuse examiner.

OCCY maintains a list of child abuse examiners and provides an updated list of examiners to OKDHS. OKDHS CW staff is trained to access these providers, when

available, for allegations of physical abuse, child abuse in a medical setting, severe neglect, or when the child has complex medical needs.

Senate Bill (S.B.) 833, (2019) directed OKDHS to provide OSDH access to the identifying information of all individuals whose parental rights were terminated and the conditions that led to the termination. The Division of Vital Records then provides birth information to the Office of Child Abuse Prevention (OCAP) for a child born to an individual with a previous termination of parental rights (TPR). OCAP, when appropriate, provides an assessment of the family and offers services when needed.

During this fiscal year, OKDHS created a monthly report specific to TPR that contains the parent's name, date of birth, social security number, date of TPR, and the substantiated allegations to the referral associated to that child's removal. The report is on a five-month lag, allowing time for the appeals process as outlined in Child Abuse Prevention and Treatment Act (CAPTA). OKDHS sent the first report in January 2020, which included data from May – July 2019. Each subsequent month OKDHS sends the next month's data. The last data was sent in May 2020, which included data from November 2019.

The Oklahoma CDRB's 2020 recommendations for OKDHS included that OKDHS expand suicide death investigations and documentation. OKDHS plans to incorporate education specific to suicide death investigations into upcoming fiscal year Child Death and Advanced CPS training. OKDHS incorporating education-related to allegations of failure to obtain psychiatric attention to both policy and Specialized CPS and Advanced CPS trainings to assist staff in assessing a person responsible for a child's ability to manage a child's mental health condition.

Refer to ***Oklahoma Child Death Review Board 2020 Recommendations*** for all recommendations to community stakeholders.

MaryLee Allen Promoting Safe and Stable Families

Promoting Safe and Stable Families (PSSF) is an important funding stream for OKDHS CWS and provides the ability to better collaborate and work with tribes, find and work with families of children that have been removed from their home, and support local services and placements to keep children close to their homes of origin, which can lead to more effective and timely reunifications. PSSF is used to facilitate pilot projects that help decrease the time to reunification and provide funding to overcome any barriers obstacles to reunification or to prevent families from court involvement.

The total PSSF grant is $4,091,207 of which Family Preservation Services account for $870,314 or 21 percent, Family Support accounts for $915,267 or 22 percent, Family Reunification Services account for $937,796 or 23 percent, and Adoption Promotion and Support accounts for $1,367,830 or 33 percent of the grant amount.

PSSF grant funds utilized to fund multiple services include contingency funds, tribal

programs, drug courts, diligent searches, ISS, CHBS, FCS, and adoption respite for families. Service descriptions for ISS, CHBS, and FCS, statistics, populations served, service location, and other information is located in other sections of this APSR including, but not limited to, the **Update to Assessment of Current Performance**, Service Array and Resource Development, and the **Update to the Plan for Enacting the State's Vision** Goal 1 Objectives. Funding for tribal programs is located in the **Consultation and Coordination Between States and Tribes**. Additionally, on average each month, 500 children in foster care and 590 adoptive children receive services funding by PSSF.

Service Decision-Making Process for Family Support Services

Direct services are performed by a combination of both state agencies and community-based contract provider agencies. Family Support Services funds are awarded to local organizations and agencies that serve families with children in their communities, providing community-based infrastructure to support efforts to promote the health, safety, and wellness of Oklahoma's children and families. Contracts for federal, state, and OKDHS funds are awarded by the Oklahoma Office of Management and Enterprise Services and are based on a fixed-rate or competitive bidding process in accordance with state law. Bids are generally awarded based on best value for OKDHS, proven records of providing quality services in the community that assist and support parents in their role as caregivers, and in alignment with the individual family strengths and needs. Each request for proposal specifies the communities and/or population targeted for services, emphasizes the use of and collaboration with community services, whenever possible, and includes outcomes and/or deliverables specific to the community and/or population's identified needs.

Populations at Greatest Risk of Maltreatment

The National Child Abuse & Neglect Data System (NCANDS), AFCARS, and the Chapin Hall Multi-State Foster Care Data Archive are routinely utilized to identify populations at greatest risk of maltreatment in Oklahoma. The following section provides current data and trends related to children under five years of age who, by virtue of age, are identified specifically in policy and protocols to be considered "vulnerable." This age group accounts for 57.66 percent of the children who entered care in FFY 19. Additionally, 89 percent of the cases in which abuse or neglect was substantiated occurred in the 12 years of age and under category. As reflected in both quantitative and qualitative data, substance abuse and domestic violence have a high rate of occurrence in substantiated reports of child abuse and neglect. According to NCANDS data for SFY 19, 51.2 percent presented with substance abuse as a contributing factor and 32.9 percent with domestic violence.

No new legislation this fiscal year impacted the population above.

Oklahoma H.B. 3104 (2018) amended statute Section 1-1-105 of Title 10A of the Oklahoma Statutes (10A O.S. § 1-1-105) by updating the definition of "Drug

Endangered Child" and included a definition of "Plan of Safe Care". During this fiscal year, policy was revised to include the statutory changes. Numerous trainings, many conducted in collaboration with ODMHSAS, occurred between April 2019 and May 2020 for both OKDHS staff and external stakeholders. Details surrounding specific trainings and progression of the implementation of Plans of Safe Care (POSC) can be found in the **Update to Child Abuse Prevention and Treatment Act (CAPTA) State Plan**.

Oklahoma H.B. 2610 (2019) directs the Bureau of Vital Statistics to notify OCCY of any child death. The Commission then submits the information for a child maltreatment medical review to a child abuse examiner or a child abuse pediatrician. The child maltreatment review findings are forwarded to OKDHS and other external state partners and OKDHS is to consider the findings of the child maltreatment medical review prior to the closing of a child death investigation. During this fiscal year, in compliance with Oklahoma H.B. 2610, policy was revised to include the consideration of the child maltreatment medical review upon making a finding to a child death investigation. Staff were provided training of the requirement and the Specialized CPS, Advanced CPS, and Child Death Investigations training curriculums were updated to reflect the new requirement.

Oklahoma H.B. 1075 (2019) added a new section of law, 10A O.S. § 1-4-28 requiring every child taken into OKDHS custody to be given a standardized assessment within 21-calendar days of entering custody, unless otherwise prescribed by the assessment. Children entering custody are required to receive an EPSDT screening upon removal and ongoing as needed. During this fiscal year, the EPSDT requirements was amended to requiring the exam to be completed within 21-calendar days of entering custody to evaluate the physical, developmental, medical, mental health, and educational needs. Policy was revised to include the new changes in compliance with Oklahoma H.B. 1075. CW staff was provided training over the updated time frame requirement.

S.B. 833 (2019) directs OKDHS to provide OSDH access to the identifying information of all individuals whose parental rights were terminated and the conditions which led to the termination. The Division of Vital Records then provides birth information to OCAP for a child born to an individual with a previous TPR. OCAP, when appropriate, provides an assessment of the family and offers services when needed. During this fiscal year, OKDHS created a monthly TPR report that contains the parent's name, date of birth, social security number, date of TPR, and the substantiated allegations to the referral associated to that child's removal. The report is on a five-month lag, allowing time for the appeals process as outlined in CAPTA. OKDHS sent the first report in January 2020, which included data from May – July 2019. Each subsequent month OKDHS sends the next month's data. The last data was sent in May 2020, which included data from November 2019.

In October 2018, OKDHS partnered with ODMHSAS and the OUHSC for families residing in Oklahoma County with children under three years of age who had been impacted by parental substance use under the grant Oklahoma Partnership Initiative

(OPI). The OPI's goal is to intervene effectively and early to prevent and reduce the risks for children associated with parental methamphetamine and/or other substance abuse. The Oklahoma Partnership Child Well-Being Initiative Phase-3 (OPI-3) is a multifaceted approach to address the presence of alcohol and other drug abuse within the context of Oklahoma's CW system. The project implements the Attachment and Biobehavioral Catch-Up intervention and disseminate best and evidence-based practices on the identification of newborns with prenatal substance exposure and fetal alcohol spectrum disorder to various child serving community stakeholders. Members of the comparison group receive business-as-usual services from community partners and CW agencies. To date, OKDHS has referred 18 families to the program. Of those, three families are in progress with treatment; two families are in the comparison group; three families are on the waitlist for treatment; and 10 families dropped out or declined services. In March 2020, the grant was expanded to include families with young children impacted by parental substance use from both Canadian and Cleveland Counties. In May 2020, the grant is under consideration for elimination of the comparison group in order for more families to receive treatment and to assist with family participation.

Refer to Goal 1 and CAPTA updates for information pertaining to POSC for substance-affected newborns.

Refer to Goal 1 and CAPTA updates for information pertaining to families impacted by domestic violence.

Kinship Navigator Funding

Family KINnections provides kinship navigation services to kinship caregivers who reside in Oklahoma County with formal CWS involvement. Services are provided in the home and community of kinship families on a voluntary basis. The kinship navigation and care coordination services assist caregivers in learning about, finding, and using community resources to meet their own needs and the needs of the children placed in the home.

The Kinship Navigator program has developed a comprehensive manual that summarizes the programs mission and provides an overview of the services and assessments provided through Family KINnections. This manual is currently being updated to reflect the program and align with the Title IV-E Prevention Services Clearinghouse requirements. Once the Kinship Navigator website is completed, within the next six months, the manual will be updated.

The state of Oklahoma reviewed the instructions related to the transitional payments for kinship navigator programs, to ensure that the program is meeting all of the necessary procedures when evaluating its program. The state of Oklahoma applied for the Administration for Children & Families (ACF) Evidence Building Academy offered through the ACF Office of Planning Research and Evaluation to receive targeted technical assistance in regards to the evaluation standards for the Title IV-E Prevention

Services Clearinghouse.

Family KINnections was originally funded from 2012-2015 by ACF. It was one of only seven national awards. A total of 323 families in Oklahoma County were served during the grant cycle.

The program restarted in March 2017 following a grant award from the Arnall Family Foundation, which solely funded the program until January 2019. Currently, the program is funded through a contract with OKDHS utilizing a grant award provided by the ACF. OUHSC is contracted to provide qualitative and quantitative program evaluation for Family KINnections. Results from the qualitative analysis are currently available, and have been included in attachment. As part of the quantitative program evaluation mode, Family KINnections receives randomized referrals. A total of 636 referrals, or an average of 18 referrals per month, were received and 175 referrals thus far were placed into the control group for outcome analysis. All referrals come from OKDHS Foster Care and PP Units in Oklahoma County.

The following data reflects the program's outcomes since implementation in 2017.

May 2017 through April 2020

- 339 kinship families served representing 591 children in care.
- 84 percent of children served have not experienced a placement disruption since services began.
- 636 referrals received.

SFY 18

- 156 kinship families served representing 291 children in care.
- 85 percent of children served have not experienced a placement disruption since services began.
- 190 referrals received.

SFY 19

- 183 kinship families served representing 326 children in care.
- 87 percent of children served have not experienced a placement disruption since services began.
- 214 referrals received.

SFY 20 (7/1/19 – 4/30/20)

- 159 kinship families served representing 260 children in care
- 91 percent of children served have not experienced a placement disruption since services began.
- 182 referrals received.

The May 2017 through April 2020 data reflects unique families and children served, while the SFY 18, SFY 19, and SFY 20 data reflect existing families and children, in addition to new families and children served during that fiscal year.

Monthly Caseworker Visit Formula Grants

Measure 1: Monthly Caseworker Visits Target - 95%	
FFY	**Percentage Completed**
FFY2015	95.2%
FFY2016	95.1%
FFY2017	95.0%
FFY2018	95.0%
FFY2019	95.2%
Data Source: KIDS WebFOCUS Caseworker Contacts Federal Measure 1	

Measure 2: Monthly Caseworker Vists Made in Child's Home	
Year	**Reported Percentage**
FFY2014	94.6%
FFY2015	94.1%
FFY2016	94.0%
FFY2017	94.5%
FFY2018	94.4%
FFY2019	94.1%
Data Source: KIDS WebFOCUS Caseworker Contacts Federal Measure 2	

Monthly Caseworker Visits - Report Items
CWS Reports on Items 1-7 During the Period Under Review
1. Aggregate number of children in the data reporting population: 12076
2. Total number of monthly caseworker visits made to children in the reporting population: 91088
3. Total number of complete calendar months children in the reporting population spent in care: 95649
4. Total number of monthly visits made to children in the reporting population that occurred in the child's residence: 85678
5. Percentage of visits made on a monthly basis by caseworkers to children in out of home care: 95.2%
6. Percentage of visits that occurred in the residence of the child: 94.1%
7. Percentage of visits to children in Tribal custody: 38.4% (1510)

Strategies to Meet Target Data Percentages

The Oklahoma Pinnacle Plan, Pinnacle Point 6, contains strategies to address the quality and continuity of CW specialist contact with children including changes in the

frequency of visits. Beginning 7/1/13, the Pinnacle Plan required each child in out-of-home care be visited at least two times in the placement during the child's first month and at least one time per month thereafter. Additionally, beginning 12/1/13, a visit with each child in their placement was required two times each month within the first two months of placement, and at least one time per month thereafter. These activities continued through FFY 19 to ensure the child's needs and safety was assessed.

Additionally, CWS, through the Pinnacle Plan, made a commitment to substantially shift case practice by prioritizing the importance of having the same primary caseworker meet with the same child each month. This supports better outcomes for children through consistent case planning by the same caseworker to secure a child's placement stability, safety, and permanency. The most recent Child and Family Services Review Program Improvement Plan which concluded in May 2020, has led to continued enhancement to quality caseworker visits with children through strategies to enhance policy and staff guidance; revision of training to promote behaviors and competencies needed to ensure the safety, permanency, and well-being of children; and the streamlining and alignment of practice documents and supporting tools to ensure clear and consistent messaging about practice expectations.

Data and Practice-Oriented Improvement Strategies

- Contact guides for caseworker visits were updated to define guidance for quality assessments by CW specialists when visiting children of varying ages, always assessing for safety throughout the life of the case. More details regarding the Quality Contact Guides with Children can be found in Goal 2.
- Enhanced training was implemented on caseworker visitation through training in Level 1 Permanency courses for all CW specialists including those working in CPS, PP, Foster Care and Adoptions, and FCS. More details can be found in Goal 2.
- CW specialists continue to use the secure email on mobile devices via the transcription feature to more efficiently and accurately document caseworker visits.
- Policy is refined yearly to offer more detailed direction to CW specialists and provide guidance on engagement with the child and caregiver.
- In FFY 19, changes were made in KIDS for caseworker monthly contacts with the child, which focuses on both the child and the caretaker. More details regarding the contact changes can be found in Goal 2.
- Ongoing improvement, monthly, quarterly, or both, is provided by districts. Exact procedures are determined by individual districts.

Monthly Caseworker Visit Grant funds continue to pay for the cost of smart phones for CW specialists. The smart phones allow CW specialists to access the web, email, and other online resources needed to meet the increasing demands of CW work. In addition, the new technology provides front line staff better access to supervisors while allowing them to meet the critical demand of spending more time in the field. The smart phones also contain high quality cameras that assist staff with more accurate documentation, resulting in more effective supervisor consultation. In FFY 19, updated

smart phones were distributed to CW staff.

Adoption and Legal Guardianship Incentive Payments

Oklahoma received $1,671,000 in adoption incentive payments for FY 19. This funding was used within the 36-month expenditure period to fund additional adoption staff to continue the recruitment and licensure of homes adopting children from the Oklahoma foster care system.

Adoption Savings

Oklahoma has been calculating adoption assistance saving according to the Children's Bureau Method with Actual Amounts since FFY 15 and plans to continue this same method. The adoption savings is a calculation of the state dollars saved by the implementation of Section 473(a)(8) of the Social Security Act by applying the "Applicable Child" criteria to adopted children that did not meet the traditional eligibility factors of Title IV-E. This was also referred to as "AFDC delinking" and expands Title IV-E eligibility to children that would have otherwise been funded with state dollars, hence the "Adoption Savings." These saved funds must be spent on Title IV-B and Title IV-E activities with 30 percent on post-adoption and post-guardianship services. Positive permanent outcomes for children at-risk of entering foster can substitute for up to 10 percent.

Since 2010, when the applicable child criterion was first implemented, Oklahoma has seen a significant growth in its adoptions and subsequent post-adoption services budget. In the past four years, Oklahoma has almost doubled the number of adoptions completed each year to an average of 2,287 adoptions. This marks significant efforts and progress of obtaining permanency for children that could not return home. The expenditures have also grown from $46 million to over $130 million in this same period. These were also years that OKDHS was facing its most difficult budget years on the heels of committing to increasing the rates for foster care and adoptions, which was long overdue. Adoption savings has been instrumental in Oklahoma's ability to increase the post-adoption budget by 185 percent since its inception and will continue to play a valuable role in funding permanency for children in Oklahoma over the next five years.

Since FFY 15 when the Children's Bureau methodologies where put into place, Oklahoma has saved over $29 million and as of September 2019, had over 2,000 children eligible to receive Title IV-E adoption assistance because of the applicable child criteria. So far, Oklahoma has reported spending $12.4 million of the savings with another estimated $7 million to be reported this upcoming October for a total of $11.7 million in spending. The remaining $9.5 million is budgeted for the upcoming fiscal year. There is a lag in spending savings because of the timing of identifying the expenditure on the federal fiscal year and the budgeting cycle of the state fiscal year. The savings are calculated for the FFY that ends on September 30th of each year, the funds are then budgeted during the next SFY which begins on July 1st of each year.

John H. Chafee Foster Care Program for Successful Transition to Adulthood (The Chafee Program)

OKDHS is responsible for both administering and supervising the state's Independent Living (IL) Program, Oklahoma Successful Adulthood (OKSA), as described in the Chafee Program, the Education and Training Voucher (ETV) Program, and in Section 477 of the Social Security Act to youth in the custody and care of OKDHS and tribal youth in the care and custody of federally-recognized tribes. The authority for OKDHS to administer children and family services, such as IL, is based on 56 O.S. 21 O.S. § 176 to provide "for the protection and care of homeless, dependent and neglected children, and children in danger of becoming delinquent" and 10A O.S. § 1-7-103. OKDHS is appropriated state funds based on annual budget requests to the Oklahoma legislature along with matching federal funds. The Governor of Oklahoma serves as oversight. OKDHS is committed to efforts towards achieving positive outcomes for youth in its custody. OKDHS participates in the National Youth in Transition Database (NYTD) survey process to track outcomes and determine the program's effectiveness in achieving the Chafee Program's purposes.

Oklahoma's Chafee Program and ETV are a part of the continuum in the full service array provided by CWS to meet the outcomes of safety, permanency, and well-being. OKSA program planning, management, and implementation is assigned to four full-time program staff. Currently, four half-time staff, all of whom are former foster youth, work in the areas of youth engagement, academic support, credit reporting, NYTD-related activities, and the youth speakers bureau, Oklahoma Foster Youth Advocates (OKFYA). In addition, the ETV program has five full-time staff to assist in service delivery.

The focus of OKSA is on youth and young adults 14 to 26 years of age as they prepare for and begin transitioning to adulthood. The program provides the same resources and services to current and former youth in OKDHS and tribal custody. All services are available on a statewide basis, unless otherwise noted. Youth who are temporarily residing outside of Oklahoma are also able to continue to access Oklahoma services by calling the youth's CW specialist, Education specialist, the Yes I Can! alumni network toll-free number, or by requesting services on the OKSA website, www.oksa.ou.edu.

OKSA participants are youth and young adults at various ages and stages of achieving permanency. They are youth currently in foster care, young adults who have aged out of foster care at the age of 18 and have not reached the age of 21, youth who entered a permanent guardianship or adoption after 16 years of age, and young adults ages 21 to 26 who are participating in the ETV program. These youth and young adults are to be served through assessments and youth-driven planning, youth development funds, events, and alumni services. All of these activities are centered around the 7 Key Elements of Success, which include health, housing, education, employment, essential documents, life skills, and permanent connections. When youth and young adults have information, knowledge, and practice in these seven areas, it is believed that they will be more likely to be successful as they transition into adulthood.

Youth likely eligible for the OKSA program are:

- Youth ages 14 through 17 years of age who are in OKDHS or Tribal legal custody and in out-of-home placement;
- Youth ages 18, 19, and 20 years of age who are receiving voluntary extended services or who were in OKDHS or tribal custody in out-of-home placement on their 18th birthday;
- Youth who entered a permanent guardianship with kin or adoption after age 16 and who have not yet reached their 21st birthday*; and,
- Youth 21 to 26 years of age who on their 21st birthday were participating in the ETV program.

The estimated total number of youth likely to be eligible for the OKSA Chafee/ETV program in SFY 21 is approximately 3,000.

Beginning at age 14, youth receive a comprehensive case assessment to determine eligibility for the program and to identify those youth who will need additional supports and services to achieve self-sufficiency. Eligible youth complete a self-report assessment related to the 7 Key Elements of Success. The assessment's centerpiece is the 40 Developmental Assets, which were incorporated with the written permission of The Search Institute. Developing a tool and process that appropriately assesses the varying needs of 14, 15, 16, and 17-year-olds is a challenge. The life skills assessment is a work in progress. After completing the life skills assessment, the youth then participates in the development and completion of his or her individual plan. Identified needs of each youth are supported by CWS, placement providers, OKSA, and community resources and services. A court review every three-to-six months for youth 14 to 18 years of age monitors the progress and appropriateness of the plan and verifies that OKSA services are provided.

OKSA is currently in partnership with the University of Oklahoma (OU) Hope Research Center to create a new validated assessment tool, utilizing a trauma-informed and hope- centered framework. In SFY 20, OKSA and the Hope Research Center completed a baseline survey with current youth, CW workers, and supervisors. This baseline survey will expand in SFY 21 to include former foster youth and stakeholders who are providing services to current and former foster youth. Moving forward, OKSA and the Hope Research Center will utilize this data to inform the components of the new assessment tool.

Transition planning is encouraged for each youth beginning at 17 years of age and particularly for those youth identified as needing additional supports. A mandatory family meeting is held with youth and supportive adults 120-calendar days prior to the youth's 18th birthday to discuss and initiate the 90-day transition plan. Youth are strongly encouraged to be present at all court reviews and transition meetings. When the youth is unable to be present, the youth is encouraged to provide written input for the proceedings. To strengthen the transition process, life skills and services are part of the contractual requirement for every placement provider serving youth 14 to 21 years of age. In SFY 19, the OKSA program began exploring the creation of a new and

validated life skills assessment tool, which upon completion will lend to revision of the transition plan, based on the evaluative data.

Now that youth 14 and 15 years of age are participating in the comprehensive skills assessment and individualized planning process, the OKSA program developed resources specifically tailored for this age group to begin building life skills and addressing needs related to the 7 Key Elements of Success. Examination of monthly process data and over a longer term in aggregate, continues to indicate encouraging improvements in completion of OKSA activities with this age group.

Youth 18-21 years of age who have exited care can call the Yes I Can! alumni network to request services and resources that will complement the youth's plan and own efforts towards self-sufficiency. Youth 18 to 21 years of age involved in post-secondary endeavors that meet the definition of an institution of higher education can receive ETV until age 26 when making satisfactory academic progress. These youth are assigned an Education specialist who assists the youth in developing an education plan, meeting with college personnel to determine the youth's total cost of attendance and eliminate any barriers to success, calculating the youth's unmet need, requesting ETV funds, and ensuring that all requirements of the ETV program under the Chafee Program are met.

Youth exiting after age 16 for guardianship or adoption are eligible for the same resources and services available to other youth in custody, except for housing youth development funds after age 18, ETV funds, and the Medicaid 18 to 26 option. Tuition waivers for Oklahoma state colleges and universities are available when the youth was in custody nine months or more after turning 16 years of age. The OKSA program provides a brochure outlining OKSA services, postcards for the ETV services available, location of the OKSA informational website, and a Yes I Can! alumni card containing the toll-free number. Both youth and adults can use these items to access services and resources. The OKSA program is currently partnering with OKFYA to create more relevant and accessible versions of these resources specifically for the youth served.

The greatest strength of the OKSA program service array is that the following resources and services are available statewide, easily accessible, and offer flexibility and creativity in supporting the youth's plan. Life skills events, seminars and conferences, resources, educational supports, and wraparound youth development funds are the major Chafee services. The events, seminars, and conferences are activities planned to reach an audience of 14 through 21-year-olds.

Teen Conference is the largest statewide event offered for youth ages 15-21. The event is planned and facilitated by the OKSA community contractor. The conference is held on an Oklahoma college campus and offers learning through specialized skills workshops, life skills simulations, and recreational activities. The learning experiences are based on the 7 Key Elements of Success. The CW specialist, tribal workers, resource parents, group home providers, mentors, and sometimes therapists accompany youth to the event. The conference incorporates the learning of independent living skills within an environment that promotes networking and peer

support. This is a three-day conference and is planned for 275 participants. Conferences are planned by a committee of current and former custody youth, CW specialists, community partners, and the OKSA community contractor. The conference is staffed primarily by alumni foster youth. The conference's goal is to create a safe learning environment in which youth and their adult partners work together to develop deeper relationships while learning more about the 7 Key Elements of Success and practicing IL life skills. In SFY 19, OKSA facilitated a one-day Teen Conference event for the 14-year-old age group, and will provide similar learning experiences, tailored specifically for this population of youth. OKSA had originally planned Teen Conferences for summer 2020; however, these plans were postponed indefinitely due to COVID-19 and social distancing guidelines.

Youth development funds support youth in care and youth in transition across the state:

- Preparation funds for youth 14-18 years of age include education, work, essential document, and normalcy-related expenses. Normalcy purchases include, but are not limited to, driver education classes, purchases of laptop for schoolwork, and expenses related to high school, such as yearbooks, senior pictures, and graduation announcements. In limited circumstances, OKSA may consider matching a youth's efforts to purchase a vehicle.
- Supportive funds for young adults 18-21 years of age in transition include education, work, essential documents, and transportation-related expenses, including matching a youth's efforts to purchase a vehicle, furniture and appliances, medical expenses, and miscellaneous items.
- Housing funds for young adults 18-21 years of age who exited care at, or after age 18, and are transitioning. These funds include rent deposits and payments and utility deposits and payments.

The flexibility of the youth development funds has made it more convenient to assist youth and young adults during the COVID-19 pandemic. OKSA was able to redirect funds into a category for requests made due to the pandemic. Requests included room and board needs, laptops, and cell phones.

Incentive payment is issued as a youth exits care and is based on youth accomplishments, life skills development, education attainment, future planning, and outcomes.

Credit reports for each youth 14 years of age and older are obtained annually. When there is a consumer credit report, a copy is provided to the youth and the OKSA program assists with resolving any inconsistences in the report. Policy is in place and implementation is in process.

Aftercare services are provided through the Yes I Can! alumni network. Yes I Can! assists young adults 18-21, who are no longer in OKDHS or tribal custody. Supports can be financial assistance through youth development funds, resource referrals, and case management provision. Yes I Can! is responsible for answering a technical

assistance line, 1-800-397-2945, and an email address, oksa@ou.edu, made available to youth and young adults statewide.

In SFY 17, OKSA awarded the fiscal agent contract to Acumen. While they still issue checks, OKSA also has the option of direct deposit, Visa gift cards, paycards, and store-specific e-cards for youth development funds, incentive payments, youth advocacy opportunities, and ETV. This contract provides efficient and expedient methods for getting supports to youth in a timely manner no matter the type of need, designated recipient, or vendor. This allows OKSA to respond to youth, young adults, and vendors' changing needs.

The OKSA community contractor, the National Resource Center for Youth Services (NRCYS), is the programs largest contractor and the single point of contact for all CWS and tribal workers, care providers, and youth statewide to access technical assistance, resources, services, or aftercare support. A brief list of services provided by NRCYS includes:

- Providing welcome resources as youth reach 14 years of age.
- Providing IL specialists who assist CWS and tribal CW staff.
- Providing technical assistance and consultation to professionals serving the OKSA program youth. Technical assistance may be provided by phone, email, written materials, website, or face-to-face.
- Facilitating seminars, life skills groups, events, and teen conferences so youth have opportunities to learn about and practice the 7 Key Elements of Success.
- Providing logistics for adult and youth events.
- Supporting, coaching, and maintaining a foster alumni speaker's bureau, OKFYA.
- Coordination and coaching of the foster alumni Leadership Council, providing professional experiences to youth and valuable information to CWS.
- Facilitating training and technical assistance for caseworkers in the field on transitioning youth issues, positive youth development, and trauma-informed care.
- Facilitating annual OKSA county coordinator retreat. This event ensures OKSA-specific workers in the field receive the most up-to-date information about the program. These workers act as a resource in their offices for OKSA program details.
- Staffing the Yes I Can! alumni network. This is a resource and referral helpline for youth, placement providers, and caseworkers.
- Maintaining the OKSA website, which is a user-friendly resource for youth and adults, that provides information regarding the OKSA program process, the 7 Key Elements of Success, upcoming events and training, local resources for transition, and other youth relevant information.
- Processing and documenting youth development funds.
- Tracking outcome data.
- Documenting NYTD services.
- Maintaining the OKSA county coordinator listserv.
- Developing and maintaining community partnerships for youth resources.

- Developing and distributing outreach for the OKSA program.

The OKSA community contractor exceeds the expectations of their contract each year. NRCYS is active, visible, and quick to respond to any request for resources, services, or technical assistance.

Program Goals

OKSA's vision is to be a youth-focused and youth-driven program that serves youth at various ages and stages of achieving independence. The OKSA program emphasizes the importance of early planning for a successful transition to adulthood and promotes the importance of permanent connections by encouraging a multi-disciplinary approach using culturally-relevant and age-appropriate resources and services.

Over the course of the five-year plan, the OKSA program will continue to collaborate with other state agencies and community providers to supply and support resources and services focusing on assessment and transition planning; permanency for older youth; cultural and personal identity formation; education; employment; housing; and strengthening the OKFYA alumni network.

Assessment and Transition Planning

Goal: Create an evidence-informed tool to assess youth.

- Objective 1.1: Partner with the Hope Research Center, OU School of Social Work, to begin contract development and work on the assessment tool.
    - Strategy 1.1.a: Schedule initial meetings with the Hope Research Center.
    - Strategy 1.1.b: Negotiate and finalize contract.
    - Strategy 1.1.c: Hold bi-weekly teleconferences to set priorities and time frames.

  Updates on Objective 1.1: Initial meetings and finalized contract with Hope Research Center completed; bi-weekly teleconferences are ongoing. The team involved in teleconferences includes OKSA program staff, Hope Research Center staff, and OKFYA members.

- Objective 1.2: Collect data to inform the assessment tool through a baseline survey of youth, CW staff, and focus groups of former foster youth.
    - Strategy 1.2.a: Administer the Hope scale to:
        - CW staff in first year training; and
        - CW staff designated as OKSA county coordinators during fall annual meeting.
    - Strategy 1.2.b: Administer the scale to current youth through the mail.
    - Strategy 1.2.c: Administer the scale to focus groups of former foster youth organized through the OKFYA board.

Updates on Objective 1.2: The baseline survey was completed with over 300 current and former foster youth in January 2020. The Hope Research Center and

the OKSA program are in the process of utilizing the baseline data to create a draft assessment and training implementation plan.

- Objective 1.3: Provide training to lay the foundation for a process of working with youth based on the Hope model.
    - Strategy 1.3.a: Hope Research Center director will provide Training of Trainers (TOT) on the model to all OKSA staff.
    - Strategy 1.3.b: Integrate model training into Level I OKSA training, informed by baseline survey results.

  Updates on Objective 1.3: The Hope Research Center provided an overview of the science of hope training to all current OKSA staff, as well as CW staff designated as county coordinators, in SFY 20. TOT is currently in development, with the plan to roll out in June 2020.

- Objective 1.4: Create and finalize assessment tool.
    - Strategy 1.4.a: Create a draft assessment tool.
    - Strategy 1.4.b: Gather input on the draft tool from:
        - All OKSA staff at an all staff retreat;
        - All county coordinators at annual meeting; and
        - A focus group of OKFYA members.
    - Strategy 1.4.c: Partner with the Hope Research Center to evaluate the tool.
    - Strategy 1.4.d: Create a finalized assessment tool.

  Updates on Objective 1.4: The first draft assessment tool was created and is under review by the Hope workgroup and OKSA staff. Suggested changes will be incorporated and a second draft created by 7/1/20.

Permanency for Older Youth

Goal: A significant number of young people will leave care with supportive, healthy, permanent connections.

- Objective 1.1: Increase the percentage of youth who achieve legal permanency.
    - Strategy 1.1.a: Increase accessibility to pre- and post-adoption resources.
    - Strategy 1.1.b: Explore changes to State legislation to include Chafee services for youth who are reunified.
    - Strategy 1.1.c: Support recruitment and retention to increase placement options affirming of teens and their needs.
    - Strategy 1.1.d: Support CW field staff through educational resources and trainings surrounding the importance of legal permanency for teens.

  Updates on Objective 1.1: The OKSA program created multiple print resources to provide communication and guidance surrounding legal and relational permanency. The publications *Don't Stop That Adoption* and *What Does Permanency Mean to You?* include definitions and examples of legal and

relational permanency and dispel myths surrounding benefits provided through the OKSA program when legal permanency is achieved. The resources are provided to youth in foster care, foster parents, prospective adoptive families, CW specialists, and community partners, and are available in print and on the OKSA website. Legislation was explored during the 2020 legislative session, which sought to allow Chafee funds to be used for young people ages 16-17 that are reunified. Due to COVID-19, the legislative season ended abruptly and the legislation will most likely be revisited in the 2021 legislative season.

An initial conversation occurred with the foster care recruitment and retention program regarding the implementation of a teen-centered weekend respite program modeled after a program in several other states. A weekend respite program would expand foster parents perceptions and beliefs regarding teens in foster care and bring awareness to the need for foster homes willing to take teens. The goal of the weekend respite program would be to increase relational and legal permanency opportunities for teens in care. Planning has started on converting the Permanency for Teens face-to-face training into an online training accessible at all times through the Learning Management System. The training will be mandatory for CW specialists with a teen on their caseload ages 13 and older. The training will include topics such as the importance of legal and relational permanency for teens, how to engage teens in permanency conversations and their own search for permanency, and how to review a case record with an eye towards permanency. The OKSA program will also provide technical assistance to staff regarding legal and relational permanency for transitioning age youth.

- Objective 1.2: Increase the number of support and resource opportunities for youth who achieve relational permanency.

    - Strategy 1.2.a: Explore the potential creation of a resource guide to connect young people with community partners and organizations surrounding the interest and needs of a young person and create opportunities for community engagement.
    - Strategy 1.2.b: Increase opportunities for young people to support one another through peer-to-peer support groups and/or events.
    - Strategy 1.2.c: Support recruitment and retention of placement options for teens to increase placement options affirming of teens and their needs.

Updates on Objective 1.2: Teens in foster care are part of Oklahoma's recently implemented Be a Neighbor campaign. The innovative platform seeks to identify and strengthen collaboration among Oklahoma's non-profits, faith-based groups, and community organizations across the state's 77 counties. The platform allows for community partners to offer resources and mentorship to help teens in foster care achieve lasting change. The OKSA program will explore compiling the resources that are identified with the current resources available into a resource guide that is easily accessible for young people. This resource guide would also

create opportunities for community engagement. The OKSA program is also currently exploring relationships with community partners across the state to provide opportunities for young people to participate in peer-to-peer support groups and/or events. Due to COVID-19, face-to-face and virtual events are both being considered. Recruitment and retention of placement options for teens in care is both a relational and legal permanency effort.

Cultural and Personal Identity Formation

Goal: Young people will have the opportunity to connect with their cultural, spiritual, and personal identity.

- Objective 1.1: Increase the number of opportunities for young people, professionals, and placement providers to explore cultural, spiritual, and personal identity formation.
    - Strategy 1.1.a: Increase the number of OKSA-sponsored events that provide information related to cultural, spiritual, and personal identity formation.
    - Strategy 1.1.b: Increase the supports for young people to ease barriers to participation in events that explore cultural, spiritual, and personal identity formation.
    - Strategy 1.1.c: Review field tools and assessments to ensure cultural competence.
    - Strategy 1.1.d: Support recruitment and retention of placement options for teens to increase culturally-appropriate placement options.

Updates on Objective 1.1: Through community contractor NRCYS, the OKSA program will continue to provide interactive workshops for participants to build capacity to offer a welcoming and inclusive environment for all youth so they can experience an inclusive space and be invited to share in the totality of their identities. This training will explore lesbian, gay, bisexual, transgender, queer, and others (LGBTQ+) history and how it impacts the LGBTQ+ community today; provide information about current language and terminology; build awareness for specific challenges LGBTQ+ youth face; and how to access available resources. In addition to exploring how to increase opportunities within current programming for young people to obtain more information surrounding cultural, spiritual, and personal identity formation, the OKSA program is also reviewing how to incorporate and support new opportunities for young people to do so. Through the partnership with the Hope Research Center in developing the Hope assessment and planning tools, efforts will be made to ensure OKSA program staff, Hope Research Center staff, and OKFYA review and ensure cultural competence. The previously mentioned exploration of a teen-focused weekend respite program will also provide more opportunities to secure safe, affirming, and culturally appropriate placement options

Education

Goal: Young people will be equipped with the support and skills to attain their

educational goals.

- Objective 1.1: An increased percentage of young people will attain a high school diploma or high school equivalency.
    - Strategy 1.1.a: OKDHS will create materials on important Oklahoma education laws, regulations, policy, and resources to be used by placements and caseworkers.
    - Strategy 1.1.b: OKDHS will create and maintain a listing of credit recovery and high school alternatives for students to complete high school. OKSA will consider providing funding for these options.
    - Strategy 1.1.c: OKDHS will coordinate training and/or materials on Individualized Education Program (IEP) laws and regulations to be used by placements and caseworkers.
    - Strategy 1.1.d: OKSA will coordinate a way to track youth graduation rates.

  Updates on Objective 1.1: Oklahoma is working on an efficient method to track graduation rates. Currently, OKSA pulls multiple reports to locate all youth eligible for the ETV or Tuition waiver programs. OKSA searches for youth listed in the 12th grade, youth with "blanks" listed for current grade, youth with "GED" listed for the current grade, youth with "1st year college" listed as current grade, youth with "Trade school" listed as current grade, and youth with "Unknown" listed for the grade level. For high school seniors who were adopted after the age of 16, OKSA's method for pulling this list is completing a search for all youth who were adopted after the age of 16. The ETV specialists contact or attempt to contact each youth listed to speak with them about the ETV program. It is through these phone calls that OKSA tracks which youth are graduating. There were 81 total youth in care. Of those 81, 31 graduated or received a high school equivalency. Of the 101 high school seniors who were adopted after the age of 16, 36 graduated or received a high school equivalency. This is a total of 67 high school graduates.

- Objective 1.2: Increase awareness and access to higher education or training.
    - Strategy 1.2.a: OKDHS will coordinate with Upward Bound, Talent Search, and Gear Up to come up with a plan to refer young people who may be interested in pursuing education. The purpose is to create readiness for post-secondary education.
    - Strategy 1.2.b: OKDHS and NRCYS will create a youth event that will incorporate post-secondary education, technical school education, and apprenticeship options for exploration.
    - Strategy 1.2.c: OKSA and ETV staff will seek opportunities to offer skill building and information workshops to those in education systems. Those will include a Positive Youth Development and Trauma-Informed Lens.
    - Strategy 1.2.d: ETV will work to develop notification systems.

Updates on Objective 1.2: ETV staff developed workshops that were presented to Oklahoma school counselors, college staff, and foster parents. ETV compiles lists of seniors in care who are contacted by ETV staff to discuss post-secondary education planning and how ETV can assist them. ETV staff participates in 90-calendar day transition meetings to help finalize post-secondary education plans for youth transitioning out of care.

Employment

Goal: Significantly increase employment opportunities for OKSA youth.

- Objective 1.1: Increase reciprocal communication with potential employers.
  - Strategy 1.1.a: Explore creation of an employment navigator position to communicate directly with potential employers.
  - Strategy 1.1.b: Develop and implement Positive Youth Development training for potential employers.
  - Strategy 1.1.c: Develop and host annual OKSA youth job fair event.
  - Strategy 1.1.d: Explore partnerships with work-based learning programs, such as trade apprenticeships statewide.

Updates on Objective 1.1: Through community contractor NRCYS, in 2020 the OKSA program hired an employment navigator. The employment navigator will build relationships with community partners and potential employers to bridge the gap in opportunities for young people in securing apprenticeship and employment opportunities. With the employment navigator, the OKSA program and NRCYS will develop Positive Youth Development training for potential employers and explore the development of youth job fair events.

- Objective 1.2: Increase youth access to employment information and resources
  - Strategy 1.2.a: Develop and host job fairs for OKSA youth.
  - Strategy 1.2.b: Create an online portal as a hub of information for youth employment, apprenticeship, and shadowing opportunities.
  - Strategy 1.2.c: Explore partnerships with local Workforce and Chambers of Commerce to gather and disseminate local employment resource information.

Updates on Objective 1.2: The OKSA program partnered with the ODMHSAS and their Employment, Housing, and Homeless Projects Team to develop and hold Employer Lunch and Learns around the state. The Lunch and Learns will provide information surrounding the benefits to employers when providing employment and/or apprenticeship connections for foster youth, as well as provide them information on how to navigate these partnerships. The OKSA program also provided a letter of support for the application of the Oklahoma Office of Workforce Development in response to a Youth Apprenticeship Readiness Grant Program to support the enrollment of youth 16-24 years, in-and-out of school into new or existing registered apprenticeship programs. The efforts to increase registered apprenticeship will expand opportunities for

employment, independent life, and economic self-sufficiency for youth in foster care. Through these partnerships, as well as through the participation in several committee and subcommittees related to employment, the OKSA program will further explore how to disseminate employment resource information across the state.

- Objective 1.3: Work with OKSA youth to increase employability.
  - Strategy 1.3.a: Work with youth to create individual employment plans.
  - Strategy 1.3.b: Create a youth workshop focusing on resume building and soft skills related to employment.
  - Strategy 1.3.c: Ensure youth have access to resources needed to secure and maintain employment, including transportation and essential documents.

Updates on Objective 1.3: Through the partnership with the Oklahoma Office of Workforce Development with the Youth Apprenticeship Readiness Grant Program, the creation of employment plans, youth-focused workshops to build employment skills, and support to guide potential employment will be explored.

Housing

Goal: Increase the number of safe and stable homes that support healthy well-being.

- Objective 1.1: Youth and young adults will have homes that support positive youth development.
  - Strategy 1.1.a: OKDHS will contract with NRCYS to provide professional development trainings on positive youth development.
  - Strategy 1.1.b: OKDHS will increase the number and availability of housing options that support a youth's transition plan.
  - Strategy 1.1.c: OKSA will support recruitment and retention to increase placement options affirming of youth and their needs.

Updates on Objective 1.1: OKSA has a plan for identifying and referring eligible youth, while streamlining processes to ensure a variety of housing pathways exist with a plan to connect a young person, to the appropriate outlets.

- OKDHS/NRCYS has a transition team working with young adults and their care team to identify safe and stable homes while supporting healthy well-being. The transition team works closely with the Yes I Can! alumni Network to connect young adults to aftercare supports to assist them in their IL goals.
- OKSA works with a variety of agencies in Oklahoma communities already providing housing resources, such as ODMHSAS, Community Service Council, and Youth Service Providers. OKSA has a plan in place for accessing a variety of housing options for transition-aged youth.

- Objective 1.2: Increase the number of housing options for youth and young adults.

- Strategy 1.2.a: OKDHS will continue to contract with NRCYS to provide a housing navigator to identify and facilitate access to the housing continuum available for youth and young adults.
- Strategy 1.2.b: OKDHS will partner with the ODMHSAS to provide an Annual Housing Summit.
- Strategy 1.2.c: OKDHS will define and facilitate Supervised IL for Oklahoma.
- Strategy 1.2.d: OKDHS will expand its relationship with various housing authorities to increase the number of housing vouchers available to youth across the state.
- Strategy 1.2.e: OKSA will support recruitment and retention to increase placement for youth.

Updates on Objective 1.2:

- OKDHS contracts with NRCYS to provide a housing navigator position to focus efforts on housing options and relationships. The OKSA housing navigator is in their second year. The housing navigator works with local Continuum of Care to access the Homeless Management Information System, to stay aware of local housing funds, and supports for landlords and tenants. The housing navigator works with the housing authorities, landlords, and property managers to represent their interest while allowing the caseworkers and case managers to directly assist the youth. There are open lines of communication between the housing navigator and case management representative with frequent case staffings.
- OKSA has all statewide referrals made to the helpline to complete a housing assessment that can be completed within 90-calendar days of the youth turning 18. The housing assessment helps identify appropriate housing pathways to refer the young adult to, such as transitional living programs, housing vouchers, independent housing, and host homes, while discussing the available supports and resources in the community.
- When the youth is an appropriate candidate for a housing voucher, the helpline completes an application and referral with the youth to submit to the respective housing authority. OKDHS has a memorandum of understanding (MOU) in place with three housing authorities in the state. Currently, 36 young adults are housed through housing vouchers.
- A centralized point of contact is at each of the community housing partnerships to work with the housing navigator and Yes I Can! teams to answer questions, receive referrals, and to inform agency of scheduled appointments to communicate with the youth.
- OKSA implemented a data tracking system to maintain referrals, voucher usage, timelines, and housing payments.
- OKSA maintains good working relationships with the housing community to continually improve processes and share resources.
- OKSA partners with housing authorities to access landlords already in their network.
- OKSA ensures there is a plan for housing and utility deposits/future

payments between the agencies and the young adult.

OKSA provides and/or participates in a variety of events, trainings, and meetings focused on housing to engage landlords, community partners, and young adults. Due to social distancing and travel restrictions as a result of the COVID-19 pandemic, several housing events were canceled during the third and fourth quarters of SFY 2020. The Second Annual Housing and Employment Summit, in partnership with ODMHSAS, was scheduled for June 2020. However, this event was postponed due to the pandemic.

Oklahoma Foster Youth Advocates (OKFYA)

OKFYA is a youth advisory board maintained by OKDHS. Membership is open to any youth who meets the Oklahoma Chafee definition. Core members consists of a program manager, foster alumni temporary OKDHS employees, an assistant director, and program development specialists from NRCYS, and five alumni representatives, who participate as a blended team for decision-making. Incentives are given to the group for work completed to ensure participation does not cause a financial burden. Food and meeting locations are provided through NRCYS.

Information is brought to the group for input, which ranges from policy changes to marketing materials during quarterly OKFYA meetings. In the event the project cannot wait for a quarterly meeting, OKFYA members and the blended team are consulted in a variety of ways, including email and social media.

Collaboration with OKFYA is just one way in which OKSA promotes positive youth development. The OKSA program emphasizes building on youth's strengths. OKSA offers supports, resources, and experiences for youth, as well as promotes the building of positive relationships. OKSA is focused on providing the opportunities needed to help youth transition to adulthood in a productive, healthy manner.

Goal: Youth throughout Oklahoma will have the opportunity to have their voices heard by programs and policy makers in Oklahoma‘s CW system and other systems that serve youth and families.

- Objective 1.1: OKDHS will recruit and train a group of young people with foster care experience.
    - Strategy 1.1.a: The OKFYA blended team will hold quarterly events to recruit young people to fill speaking engagements and focus groups. The secondary purpose of these meetings is to give young people with foster care experience time to build community, even when they do not plan to participate in other events.
    - Strategy 1.1.b: OKFYA will provide training on topics selected by the blended team at least twice per year.
    - Strategy 1.1.c: OKFYA will offer at least two Presenting with Purpose trainings per year to keep speakers trained on sharing their stories.

- Strategy 1.1.d: OKDHS and NRCYS will coordinate with the OKFYA blended team to create a facilitator training and Training of TOT skills.
- Strategy 1.1.e: OKDHS and NRCYS will coordinate to provide professional development opportunities to help advance youth professional skills.
- Strategy 1.1.f: OKFYA blended team will create a sustainability plan to recruit and retain young people for OKFYA.

Updates on Objective 1.1: OKFYA holds monthly leadership meetings with the board to plan the year's activities and events, such as peer-to-peer groups, meet and greets, panel presentations, and conversations around advocacy. OKFYA's plan was to host face-to-face events throughout the year. Due to the COVID-19 pandemic, the leadership team shifted their focus to virtual events. They are currently holding bi-weekly events consisting of game nights, town halls, and "hang outs."

- Objective 1.2: OKDHS will coordinate with internal and external stakeholders for opportunities to have OKFYA provide training and technical assistance.
  - Strategy 1.2.a: OKDHS and NRCYS will find at least 10 speaking opportunities per year for young people to participate.
  - Strategy 1.2.b: OKDHS and NRCYS will find at least five opportunities for young people to provide feedback on new or ongoing initiatives per year.
  - Strategy 1.2.c: OKDHS will try to coordinate with its legislative liaison to provide youth a voice in pending legislation that would affect OKDHS.
  - Strategy 1.2.d: The OKFYA blended team will coordinate at least one service project per year.

Updates on Objective 1.2: OKDHS was one of 25 states selected to participate in the Youth Engagement Summit hosted by Annie E. Casey. Three OKFYA members were selected to participate on the seven-person workgroup. The Summit was scheduled to occur in May 2020; however, due to COVID-19 it was postponed. The Summit will now take place on a virtual platform. The service project selected by the members of the OKFYA group this year was to sponsor families for Christmas. They specifically selected families with teenagers.

National Youth in Transition Database (NYTD)

ACF found Oklahoma in compliance with the NYTD requirements for submission of NYTD data for the period ending 9/30/19. OKDHS frequently shares information on the NYTD outcomes and service reports with multiple state agencies, community partners, and youth. NYTD data was shared with all of the partners of the Homeless Alliance and with the court workgroups in Oklahoma County. NRCYS distributes NYTD data to community partners on at least a yearly basis. NYTD data was shared at the annual OKSA stakeholder meeting, at which Tribal partners were in attendance. In SFY 21 OKSA plans to share NYTD and related outcomes data at the Tribal-State workgroup meetings, as well. NYTD and other outcomes data was shared with youth and families via in-person events, including Teen Conferences. OKSA has regularly shared data

with OKFYA as part of collaborative efforts towards systemic improvement. In SFY 21 OKSA plans to share data via Professional Development Trainings available to CW staff, foster families, and community stakeholders. OKSA is also beginning to share outcomes data in a new OKSA newsletter, which will go out quarterly to CW staff and stakeholders. NYTD data is also shared with OKDHS Communications to distribute to media venues as requested.

Collection of NYTD survey data is an effective collaborative effort within OKDHS and NRCYS. The survey process begins with a birthday card that is sent to 17-year-olds that mentions they will be getting a NYTD survey. The youth then receives the survey within a week of receiving the birthday card. A letter is also sent to the placement provider with information about the survey. OKSA is currently in the process of beginning a pilot for an online version of the survey, which should aid in expedient completion and access to completed survey data.

OKSA has one part-time position dedicated to ensuring NYTD surveys are sent out as well as follow up to ensure the surveys are completed and received within the 45-calendar day time frame. CWS contracts with NRCYS to complete the surveying of the youth at ages 19 and 21. The Yes I Can! alumni network, social media, and KIDS are used to maintain contact with this population to gather survey information. Response rates for the NYTD surveys consistently exceed minimum expectations. The survey outcomes data is an important part of the ongoing evaluation and continuous improvement of the OKSA program. The OKSA program consistently reviews survey outcomes data to drive improvements in staff training and service provision.

OKSA is working to improve NYTD service documentation through multiple efforts:

- Discussed NYTD survey process in all OKSA-related trainings, including specific information on services documentation in KIDS;
- Completed KIDS enhancement in SFY 17 that now prompts entry of NYTD services when the worker enters monthly contact information;
- Increased emphasis on knowledge and skills building in areas of education and employment attainment and success with continued emphasis on the importance of permanent connections for youth. Monthly benchmark activities were designed for each age group to help support and enhance these efforts;
- Refined all NYTD contact process and protocols in SFY 17 to maximize consistency between CWS and NRCYS.

In addition to data available via the NYTD surveys, OKSA staff each month generate a comprehensive report of OKSA-related activities, including assessment, planning, and NYTD service documentation. This report's data is pulled from a database generated from the state's SACWIS system. This report presents data at the state, region, county, and worker levels. OKDHS and contract OKSA staff members utilize this data to provide targeted training and technical assistance. Analysis of these reports yielded little variation in service delivery to youth based on region or county, with the exception of dedicated units in Oklahoma County specifically focused on OKSA youth activities. Completion rates of OKSA activities in these units are an average of 10-20 percent

higher when compared with statewide averages.

Three broad goals were established that support outcome achievements. In SFY 20, OKSA continued to facilitate improvement in:

1. Percent of youth in custody that have an assessment. The target is 80 percent. As of the last quarterly report provided by the community contractor, NRCYS, 65 percent of 14 and 15-year-old youth had assessments completed and 76 percent of 16 and 17-year-old youth had assessments completed.
2. Percent of youth in custody who receive an OKSA Service Type. The target is 80 percent. As of the last quarterly report provided by the community contractor, NRCYS, 85 percent of 14 and 15-year-old youth had an OKSA Service Type completed and 96 percent of 16 and 17-year-old youth had a Service Type completed.
3. Percent of youth in custody that have completed the 90-calendar day transition plan. The target is 80 percent. As of the last quarterly report provided by the community contractor, NRCYS, 73 percent had a 90-calendar day transition plan completed.

Coordinated Services with Other Federal and State Programs for Youth

OKDHS collaborated with Developmental Disabilities Services (DDS) in the planning and facilitation of a one-day simulated city IL event. DDS group home staff, DDS case managers, and administrators worked closely with OKDHS and NRCYS staff on this event. DDS staff acted as the city's mayor, landlords, employers, and bankers. The result was an extremely excited staff and group of youth.

Oklahoma's Promise is a unique program set up by the Oklahoma Legislature and administered by the Oklahoma Regents for Higher Education that will help pay for tuition at an Oklahoma public two-year college or four-year university. Once enrolled in the program in eighth, ninth, or tenth grade, a youth is eligible for benefits whether he or she remains in OKDHS custody, as long as the youth maintains the behavioral and scholastic requirements established, www.okhighered.org/ohlap.

Tuition waivers are provided for post-secondary education and vocational-technical programs at most institutions within the Oklahoma state system of higher education for youth who were in OKDHS or tribal custody for any nine months between the ages of 16 and 18. Tuition waivers are provided by the Oklahoma Regents for Higher Education. OKDHS provides the Regents with eligibility information by maintaining an eligible youth listing. OKDHS also provides eligibility checks upon request. Waivers are valid until the youth reaches age 26 or completes a baccalaureate degree.

Page Week for youth 16-21 years of age is a yearly event in which OKDHS youth are invited to participate as pages for a week in the Oklahoma House of Representatives. To participate, the youth must apply and the selection process requires evaluation of the youth's participation in the OKSA program, as well as volunteer, and school activities. Once selected, youth have the opportunity to learn about the legislative process and

meet with their legislators. Legislators have the opportunity to listen firsthand to issues that arise with youth in out-of-home placement. In addition, the legislature provides housing for the week, transportation, supervision, and work stipends. In SFY 19, 21 youth from across the state were selected to participate.

OKDHS and public housing authorities coordinated to utilize the Foster Youth to Independence (FYI) Voucher Program beginning in September 2019 with the initial meeting with the Stillwater Housing Authority. By November 2019, an MOU was established and the first youth was housed in January 2020. The second youth referral was made in February 2020 and was housed by March 2020. Currently, OKSA is in the process of processing additional referrals with this housing authority. Discussions began with the statewide Oklahoma Housing and Finance Authority (OHFA) in December 2019 to amend the existing MOU to include the FYI partnership. In March 2020 the board approval of MOU's were put on hold due to housing authorities shifting focus to the COVID-19 pandemic. OKSA continues to utilize Housing Choice Vouchers with OHFA until amended MOU's can be presented to the board. OKSA's strategies to provide or secure a commitment of supportive services for participating youth for a period of 36 months include:

1. OKSA identified agencies in local communities already providing the required services, such as Workforce offices, universities/ETV programs, credit unions, health departments, Continuum of Care, and Social Service agencies.
2. OKSA met with agencies to see where programming and resources could be shared and developed a referral process.
3. OKSA utilizes Chafee funding to provide wraparound supportive services where possible while also thinking outside the box.

Oklahoma's statewide Yes I Can! helpline provides guidance, makes payments, referrals, and connections to service providers in the youth's local community. The housing navigator works closely with property managers, landlords, and housing authorities to provide assurances and ensure voucher execution.

Collaboration with Other Private and Public Agencies

The Oklahoma Chafee Program is involved with several public and private agencies in helping youth in OKDHS and tribal foster care achieve independence.

In SFY 16, OKDHS entered into a five-year contract with Youth Villages (YV) to provide the LifeSet program to youth ages 17.5 through the age of 21. These services are aimed at helping youth transition from care. Over the course of five years, OKDHS pays an increasing percentage of YV total expenses for the YV LifeSet services using Chafee funds. Concurrently, a private philanthropy paid a decreasing percentage of YV total expenses for YV LifeSet services. By SFY 20, OKDHS will support 90 percent of YV LifeSet services at the rate of $50 per day per child. The contract is currently in its fifth year and continues to focus most of its efforts on serving youth in the two metropolitan areas of Tulsa and Oklahoma Counties, YV LifeSet is currently serving 86 teens and young adults.

OKSA is partnering with ODMHSAS to develop and train host homes. The goal is to begin housing youth ages 18-24.

In SFY 16, OKDHS collaborated with the Oklahoma Finance Housing Agency (OFHA) to set aside 50 housing vouchers specifically for youth transitioning out of care. The program serves youth beginning at age 17 years and 9 months of age. Currently, 25 youth are served across the state with the OFHA vouchers.

In SFY 17, OKDHS collaborated with the Oklahoma City Housing Authority (OCHA) through the United States Department of Housing and Urban Development demonstration project to allow transitioning youth ages 18-24 to apply for housing vouchers for the Oklahoma City metro area. Twenty vouchers were set aside for this program. Currently, nine young adults are participating in this voucher program.

The Homeless Youth Alliance is a committee made up of governmental agencies including the Department of Rehabilitation Services, ODMHSAS, and OKDHS Adult and Family Services; and public and private agencies including OCHA, the City of Oklahoma City, and YV; community service partners including NorthCare, Be the Change, Youth Services of Oklahoma County, and Hope Community Services who work together to address the youth homeless population and the special issues this population faces that put them at risk for human trafficking.

A Way Home for Tulsa is a collective impact of 24 voting organizations that exists to plan and implement strategies to support a system of outreach, engagement, assessment, prevention, and evaluation for those experiencing homelessness or those persons at risk of homelessness, within Tulsa City/County. OKDHS is currently a voting member.

The Oklahoma Institute for Child Advocacy (OICA) was established to create a strong advocacy network that would provide a voice for the needs of children and youth in Oklahoma, particularly those in the state's care. OKSA is currently partnering with OICA on two annual projects, Oklahoma Kids-Leadership Engagement Advocacy Development and the UP! Graduation party.

Thrive is an organization in the Oklahoma City metro area leading a public-private collaboration to reduce the teen birth rate in Central Oklahoma. Thrive uses age-appropriate evidence-based sexual health education in schools and in the community to engage youth, parents, faith communities and youth-serving organizations in teen pregnancy prevention efforts and ensures access to teen friendly reproductive health services. OKSA is participating as one of the public collaborators.

Next Steps is a collaboration developed by a group of community service providers to create housing options for young adults over age 18 in the Lawton city area. Lawton is the location of an OKDHS-contracted group home for females, as well as a large number of youth eligible for OKSA services. In 2012, the local Housing Authority

Executive Board in Lawton approved using a five-bedroom unit for housing specifically for female, former-foster youth. This house operates with an onsite overnight house manager, case manager, and mentor. Additional housing was also made available for males over age 18 who exited from foster care.

Project Manna House is a transitional living home in the Tulsa community that equips, guides, and supports young women during their journey to adulthood. Manna House provides stabilized housing in a dorm-style living environment. The program focuses on developing life skills, educating, mentoring, and teaching social skills. The home is currently set up to serve six young adults. YV LifeSet provides case management and Yes I Can! assists with supported services and youth development funds.

The Community Transformation Team in Tulsa is a long-established collaboration that focuses on all youth-related issues in the Tulsa metro area. The collaborative partners are ODMHSAS, Tulsa Mental Health Association, the Oklahoma Health Care Authority that has oversight of the Oklahoma Medicaid program, OKDHS, Office of Juvenile Affairs, OSDH, and Youth Services of Tulsa. In the past five years, this community team encouraged the development of a Post-Adjudicatory Review Board to focus on youth transitioning from foster care in the Tulsa community, supported activities to address a healthy transition for youth with mental health issues, and supported transitional living programs through the local Youth Service agency and the Mental Health Association. This collaboration will continue to be active in the identification and development of services that support youth transitioning from custody.

Ris4 Thursday is a collaboration of higher education professionals, community members, and foster alumni college students working toward increased understanding and support of former foster youth who attend, or who graduated from Oklahoma colleges or universities. This initiative was the result of a former foster student attending Northeastern State University, a four-year college, and mentioning to a professor in the social work department the challenges for former foster youth attending college. The professor and a fellow professor at Oklahoma State University recognized the need for some type of additional support for these students and launched the Ris4 Thursday project, which began as a Facebook page www.facebook.com/Risforthursday dedicated to former foster youth at four-year higher education institutions. The Facebook page was created in February 2013. The project's initial focus was providing a place for former foster youth to share their experiences, identify obstacles in navigating college life, and to provide assistance and resources to these youth throughout their journeys. This project spread to additional Oklahoma campuses where staff are identified as the contact for any student self-identifying as formerly in OKDHS or federally-recognized tribal custody after the age of 13. One identified goal is to ensure the college students connect through technology with volunteers and services on state campuses and in Oklahoma's communities.

Lilyfield Inc. in conjunction with AmeriCorps provide foster youth ages 14 and above in Oklahoma City Public Schools with Check & Connect. Check & Connect is a comprehensive, evidence-based student engagement intervention developed by the

University of Minnesota. It is a structured mentoring approach "designed to enhance student engagement at school and with learning for marginalized, disengaged students in grades K-12, through relationship building, problem solving and capacity building, and persistence" (Christenson, Stout & Pohl, 2012). The approach utilizes intensive interventions through the mentor relationship using empirically based methods. There are two main components to Check & Connect. The Check component allows mentors to systematically monitor alterable student outcomes including attendance, behavior, and course performance. The Connect component allows mentors to employ personalized interventions focused on problem solving, skill building, and competence enhancement.

Lou Hartpence Scholarships for young adults 18-23 years of age are available through an endowment to assist youth in OKDHS custody obtain higher education. Youth are selected through an application process, must maintain a "C" or better average, and be enrolled in 12 credit hours or more. Selected youth receive $1,000 their first and second years of college, $2,000 for their third year, and $3,000 of scholarship assistance for their fourth year. The Oklahoma City Community Foundation administers the scholarship.

Youth with Promise Scholarships for young adults 18-23 years of age are sponsored by private donors, the Oklahoma County Children's League, and Oklahoma City Community Foundation to assist youth with higher education needs, such as tuition at colleges/universities, books, and fees not covered by grants or scholarships.

Transition post-adjudication review boards in Tulsa and Oklahoma Counties review court cases specific to teens in foster care to offer support and suggestions to workers.

The Road to Independence (RTI) project began in 2013, as a two-year planning grant to study the effectiveness of the CW system and local community services in preventing homelessness for foster involved youth. As a part of this grant initiative, a RTI network was established. After the RTI grant period ended, this dedicated group continued meeting and launched a pilot program to support the Oklahoma County CW offices to strengthen transition services, improve placement stability, and increase permanency for youth aged 14 to 18 years in CW custody. The group successfully engages county offices, caseworkers, and youth in their program and are currently providing services in Oklahoma County Offices 55A and 55B. Since the project's inception, service delivery to youth in these County offices increased approximately 150 percent.

Education and Training Vouchers (ETV) Program

Oklahoma maintains four full-time CW specialist II and one full-time CW specialist IV to help students navigate post-secondary education. These CW specialists are referred to as Education specialists. One programs manager is assigned to ensure federal-requirement compliance. The Education specialists assist youth eligible for the program in their transition from custody through a post-secondary setting. Education specialists pull a listing of high school seniors each year in October from SACWIS and contact them individually to determine their plans after graduation. They work with students to

develop educational and transitional plans once the student expresses an interest in furthering their education.

The application process is available online at the OKSA website. Youth can also access a paper version of any online documents by calling Yes I Can! and requesting them. OKSA started taking supporting documents by email and text to further the ease of applications. Applications and documents are evaluated annually to ensure only needed information and paperwork are required.

The Education specialists help students face-to-face at the campus of their choice to ensure they have the supports needed to be successful in post-secondary education. They provide resource and referral to programs on campus and in the community to meet the student's unmet needs. The program developed a procedure and expectation guide, contact guides, and training program for new specialists to ensure each student receives the same experience. Education specialists attempt to reach each young person who may be eligible for a voucher to reach maximum participation.

Education specialists confirm each student is only receiving one voucher to equal $5,000 or less, per school year. Each specialist coordinates with either the bursar or financial aid office at each individual school and ensures each student does not exceed the cost of attendance. No payments are made until both are verified by the school.

OKSA makes every effort to coordinate with other appropriate education and training programs in the state including programs available through the tribes and takes steps to prevent duplication of benefits under this and other federally-supported programs.

The OKSA program tracks each ETV awarded during an academic year. Oklahoma uses Excel to track each payment made on its ETV Program for each defined school year. Payments are entered for each identified student and at the end of each year, the number of students who received a payment are counted. In the event this method fails, payments made on ETV can be obtained through the fiscal agent. ETV is working to get space in the new SACWIS system to track payments.

ETV attempts to coordinate with any program on a post-secondary campus that may be supportive to the students. Below is a list of current partnerships:

- Oklahoma State Regents for Higher Education
  - Foster Care Tuition Waiver and Oklahoma's Promise
    - Tuition Waiver – ETV provides eligibility information for the foster care Tuition Waiver. Processes in custody applications for Oklahoma's Promise. ETV also coordinates with financial aid to ensure each student receives every award for which he or she is eligible.
  - Ris4 Thursday
    - Network of volunteer advocates on each campus to help support former foster youth – Advocates are used as a resource and referral source for each campus.
  - Fostering Student Success

        - Program at University of Central Oklahoma serving students with foster care experience – ETV coordinates for resources and referrals to campus-based services through Fostering Student Success. ETV also connects students who request additional supports to program staff.
    - Fostering Higher Education
        - Program at Oklahoma City Community College serving students with foster care experience – ETV coordinates for resources and referrals to campus-based services through Fostering Higher Education. This program provides student success advising, scholarships, and material resources, such as clothing and transportation.
    - Oklahoma State University-Oklahoma City Drivers Education Program
        - Program at Oklahoma State University-Oklahoma City serving students with foster care experience – ETV coordinates referrals to assist students with obtaining driver's license.
    - Oklahoma Association of Student Financial Aid Administration (OASFAA)
        - Association of Financial Aid Directors – ETV coordinates with OASFAA to ensure maximum knowledge of financial aid procedures. ETV provides technical assistance to OASFAA on issues experienced by our students.
    - Oklahoma Youth with Promise
        - Scholarship for former foster youth at Oklahoma City Community Foundation – ETV coordinates to verify eligibility and endorse students for scholarships.
    - Oklahoma Institute for Child Advocacy
        - Advocacy network for youth in Oklahoma – ETV coordinates with OICA to arrange graduation parties and provide tablets to seniors who have experienced foster care and are graduating high school.
    - Oklahoma Baptist Collegiate Ministry (BCM)
        - Statewide Ministry – ETV coordinates with BCM to provide students participating in the ETV program with finals week care packages each semester.
    - Career Tech
        - Association of state-funded technical schools – ETV coordinates to ensure students receive the Foster Care Tuition Waiver at technical schools.
    - TRIO/Oklahoma Division of Student Association (ODSA)
        - Oklahoma network of TRIO programs – ETV coordinates with Student Support Services on campuses for resources and referral. ETV is currently working with ODSA to coordinate with local Talent Search and Upward Bound programs to refer young people interested in post-secondary education.
    - National Resource Center for Youth Services
        - OKSA Community Contractor – ETV coordinates with NRCYS to provide training and technical assistance to OKDHS workers.

Education and Training Vouchers

	Total ETVs Awarded	Number of New ETVs
2018-2019 School Year (July 1, 2018 to June 30, 2019)	164	61
2019-2020 School Year (July 1, 2019 to June 30, 2020)	153	64

New Awards

- Fall 2019 – 52
- Spring 2020 – 12

Graduates*

- 7 Baccalaureate Degrees received by students participating in the ETV program at time of graduation;
- 1 Baccalaureate Degrees received by students who aged out of the ETV program within the last year;
- 2 Associate's Degrees; and
- 1 Technical School Certificate.

*These are students currently receiving ETV or who aged out of the program in the past year. Students complete degrees after they leave the program and many chose to continue their education and obtain advanced degrees. Those students are not listed.

Chafee Training

OKSA training is coordinated through the OKDHS Training Unit and is contained in that section of this APSR. A two-day overview of the OKSA program is jointly trained by OKSA and OKSA community contractor staff. OKSA staff completed four sessions of this training in SFY 20. Additional sessions were scheduled, but all sessions since mid-March were cancelled. Participant response, per training evaluations, continued to be positive. OKSA staff revamped this training in SFY 20, to increase emphasis on foundational approaches of youth work and positive youth development. OKSA will continue this training when logistically feasible.

The OKSA community contractor continued a model of professional development training in SFY 20. Several sessions were cancelled due to social distancing guidelines. These training sessions focus on knowledge and skill enhancement specific to working with adolescent youth. OKSA made these sessions available to CW staff, placement providers, service providers, and other community stakeholders. Topics for included gang culture, compassion fatigue, adolescent brain development, and positive youth development. Participant response continued to be overwhelmingly positive.

OKSA County Coordinator Training is a two-day conference for all OKSA county

coordinators across the state. With 77 counties in the state of Oklahoma, the goal is to have at least one coordinator in each county. OKSA county coordinators have the added responsibility of making sure staff in their offices know about the OKSA program and that the youth in their counties are receiving services needed to transition into adulthood successfully. This training's goal is to support the OKSA county coordinators in their efforts and is designed to help give the coordinators an opportunity to network with one another, gather information on the OKSA program, learn about new policy changes, and new opportunities for youth and resources that are available to assist them in providing the best services possible to youth in care. This conference is tentatively scheduled to take place again in fall 2020.

In addition to the annual coordinator training, in SFY 20 the OKSA program continued facilitation of quarterly trainings with the county coordinators in each region of the state. Participant response, per evaluations and feedback, was overwhelmingly positive.

Consultation with Tribes

The following are the strategies OKSA uses to coordinate with the tribes:

1. OKSA has a tribal liaison that attends all meetings listed below, performs training and technical assistance as requested, and conducts focus groups annually to determine gaps and needs.
2. OKSA participates in the Tribal/State Workgroups quarterly, Oklahoma Indian Child Welfare Association (OICWA) Conference annually, Annual Title IV-B Meeting, and Completing the Circle annually. OKSA will explore becoming a member of OICWA and attend their quarterly meetings. OKSA performs training and technical assistance upon request from tribal nations.
3. OKSA makes quarterly phone calls to tribal nations with young people in their custody and meet the OKDHS Chafee definition. OKSA explains the services and tools available and offers technical assistance to staff. OKSA targets young people who have not accessed services, just turned 14, or are 90-calendar days from transition first. This is the same process used by NRCYS for OKDHS youth.
4. All services available to OKDHS custody youth are equally available to youth in tribal custody. This includes youth development funds, training and technical assistance for workers, and all assessment and planning tools.
5. No tribes have requested an agreement to administer, supervise, or oversee the Chafee program. In the event they would like to coordinate on this OKDHS will contact its regional lead with the Children's Bureau for technical assistance.

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Consultation and Coordination Between States and Tribes

The Tribal Program Unit consists of a supervisor and four program field representatives, known as tribal coordinators. The program is under the Oklahoma Department of Human Services (OKDHS) Child Welfare Services (CWS) Director. The Tribal Program Unit is responsible for collaborating with the 38 federally-recognized tribes in Oklahoma. Each tribal coordinator is assigned to specific tribes, arranged loosely by geographical location within the five OKDHS CWS regions. These assignments provide tribes a direct contact for consultation with CWS. See attached ***OKDHS CWS Tribal Unit***. A Tribal IV-E Unit comprised of a program manager and four administrative program officers work alongside the Tribal Program Unit to provide Title IV-E funding to tribes. The IV-E Unit also works administratively to provide support for tribal resources and tribal custody placements, medical, and daycare. The Tribal program supervisor is the contract monitor for State Title IV-B funds provided to eligible tribes. OKDHS also has a tribal liaison under the direction of the OKDHS Director's leadership; this position is responsible for tribal collaboration across multiple OKDHS programs and is a support for the child welfare (CW) program.

The Tribal Program Unit is responsible for training both OKDHS CW staff and tribes on ICWA compliance, OKDHS policy, and procedures. As the OKDHS experts on ICWA, the Tribal Program Unit conducts training with CW regional offices throughout the state and these issues are highlighted in Supervisor Academy training. The Tribal Program Unit also provides individual training to tribes, resource family partners and agencies, and works with tribes to provide ICWA trainings throughout the state. The Tribal Program Unit focused intentionally on training OKDHS Foster Care and Adoption on ICWA through 2019. During the course of various meetings held throughout the state during the year, OKDHS and the tribes discuss various topics; generally, these topics are addressed through questions presented by the tribes regarding issues they encounter. These issues often focus on timely notification to tribes, placement preferences, and active efforts. In addition, the Tribal Program Unit publishes a newsletter, generally quarterly, which is distributed to both tribes and OKDHS staff. The newsletter contains training updates, OKDHS policy and protocol updates, Oklahoma Indian Child Welfare Association (OICWA) updates, as well as event and OKDHS employee information. The newsletter is intended to promote communication between OKDHS and the tribes on special items of interest and also provide contact information on OKDHS Tribal Program staff.

OKDHS enters into individual contracts with the federally recognized tribes in Oklahoma to provide foster care and adoption services, Successful Adulthood services, Interstate Compact on the Placement of Children (ICPC), post-adoption and guardianship subsidies. The contracts provide for monthly foster care reimbursement payments for tribally-approved foster homes. Tribal resource placement is available for children in tribal and OKDHS custody. This approach is beneficial to tribes and OKDHS as it assists families in providing Indian Child Welfare Act (ICWA) compliant placement for Indian children. Through the contract, tribally-approved foster homes are provided additional services for children in OKDHS custody, including child care assistance,

insurance, and kinship start-up stipends. They also receive mileage reimbursement, access to the respite program, and difficulty of care payments for OKDHS custody children placed in the homes.

Foster care services are funded through the contract with the state. The services provided through the contract include childcare services and medical services. Tribal children can access the Oklahoma Successful Adulthood program, therapeutic foster care, group homes, acute/residential hospitals, and OKDHS Developmental Disabilities Services. Tribal children also access community, educational, and mental health services. In addition, many tribes provide services to their tribal members and often open their services to other surrounding tribes.

The tribal resources are maintained in the State Automated Child Welfare Information System, known as KIDS, by the OKDHS Tribal IV-E Unit. Currently, 440 tribal resources are in the KIDS system. The Title IV-E Unit is responsible for the administrative duties of entering and maintaining both tribal resource homes and tribal custody cases in KIDS, training on foster home processes, daycare services, tribal custody placements, and Title IV-E requirements for tribal foster care. The Title IV-E Unit works with the tribes to reduce overpayments, to maintain current fingerprints and background checks, and to remain current on annual updates in order to reduce maltreatment in care and provide good service to tribal foster homes. The Title IV-E Unit also handles medical Title IV-E services for approximately 400 tribal custody children.

Native American children in tribal custody are provided with services consistent with children in OKDHS foster care; these services are outlined in contracts with the tribes. Tribal caseworkers are required to have face-to-face contact with custody children monthly. Tribes are required to prepare written case plans for tribal children within 60-calendar days of removal. These plans are child specific and include an estimated completion date. The written case plans are required to be updated at least every six months or at the time the permanency plan changes. Tribal courts are also required to conduct review hearings at least every six months. Tribal courts are required to conduct permanency hearings to determine that reasonable efforts were made to achieve permanency. The tribal court is also mandated to consider termination of parental rights when the child has been in out-of-home care for 15 of the last 22 months, with some exceptions.

The CWS Foster Care and Adoptions Unit works closely with CW specialists to provide ICWA-compliant homes for Native American children. CW specialists request ICWA-compliant homes through a statewide process to identify tribal homes for Native American children in OKDHS custody. An ICWA-compliant placement is one that is consistent with ICWA guidelines that outline the specific order of placements required. CW also works directly with the tribes to identify family and kinship placements. The identified placements may be approved by OKDHS or the tribes as a resource homes, per the tribal/state contract.

Adoptive efforts include providing tribes with notification of criteria staffings to identify adoptive placements. The Adoptive Placement Recommendation Worksheet must be signed by the tribe as tribal agreement to a specific adoptive placement. This process assists tribes and OKDHS in helping assure children are placed in adoptive homes that will provide ICWA-compliant cultural and family connections.

The Tribal IV-E Unit conducts presentations around the state regarding different topics that relate to its administrative functions. Topics include how to complete the tribal custody placement documentation, Title IV-E eligibility, foster care maintenance payments for tribal foster parents, daycare for foster parents, Title 18 medical services, and the Oklahoma Foster Care Voucher Program. The Tribal Units, both Program and IV-E, hold regular tribal foster care trainings to provide updates and ongoing support for the tribes in areas of ICPC, adoptions, foster care, Successful Adulthood, IV-E, guardianships, and other relevant areas, including OKDHS services available to tribes. OKDHS program specialists conducted program area specific trainings on services available to the tribes through OKDHS. These trainings are provided to not only assist the tribes in accessing services, but also to promote relationship building between the tribes and OKDHS. These trainings were held on 10/17/19, 1/16/20, and 3/3/20.

OKDHS tribal staff, including the Tribal Program and Tribal IV-E Units and the OKDHS CWS Director attended and presented at the virtual 2020 Title IV-B/APSR training for Oklahoma Tribes, held on 4/21/20 – 4/22/20. OKDHS staff provided information on the Families First Prevention Services Act, 2020 Completing the Circle event, and updates on IV-E, access to Child Abuse and Neglect Search for Tribes, and program supervisor trainings.

The Tribal program supervisor is the program monitor for state PSSF program funds provided to qualifying tribes. Services to the tribes include site visits for training, monitoring, and disbursement of funds and on-going support to tribal PSSF staff. Contracts are monitored in accordance with state and federal IV-B funding guidelines.

The Tribal program unit also participates in various statewide initiatives throughout the year. These include:

- Creek Nation Multidisciplinary Team (MDT);
- Tribal Towns, Seminole, and Creek Child Protection Team (CPT)
    - Tribal Towns
        - Alabama-Quassarte,
        - Kialegee, and
        - Thlopthlocco;
    - Seminole
    - Creel
- Lincoln County MDT
    - Kickapoo,
    - Absentee-Shawnee,
    - Sac and Fox, and
    - Citizen Potawatomi Nation;

- Miami Tribes CPT
    - Miami,
    - Quapaw,
    - Peoria,
    - Ottawa,
    - Shawnee,
    - Modoc,
    - Wyandotte,
    - Seneca-Cayuga
    - Eastern Shawnee Tribes;
- Kaw/Pawnee Area CPT
    - Pawnee,
    - Ponca,
    - Tonkawa,
    - Kaw
    - Otoe-Missouri Tribes;
- Shawnee Area Native American CPT (SANCPT)
    - Citizen Potawatomie,
    - Chickasaw,
    - Sac and Fox,
    - Kickapoo,
    - Iowa,
    - Absentee-Shawnee
    - Seminole Tribes
- Southern Plains CPT (SPCPT)
    - Comanche,
    - Ft. Sill Apache,
    - Apache,
    - Kiowa,
    - Wichita,
    - Caddo
    - Delaware Tribes.

Other collaborative meetings include the Wagoner County Substance Abuse Task Force, Indian County Victims Services, and resource family partner foster care contractor meetings. The Tribal Program unit is also involved in various initiatives, including maltreatment in care strategies at state and regional levels and updates to the KIDS system and other process improvements, such as the Child Abuse and Neglect Information background checks, to provide ongoing service improvements to the tribes. The Tribal Program staff also works with the state and tribes to assist in out-of-state placements and coordination of services. The Tribal coordinators participate in OICWA quarterly meetings, and sit on various OICWA committees, including the legislative committee, substitute care committee, and membership committee. The Tribal program team is included on the agenda and present updates at OICWA meetings. The team is also involved in Tribal State meetings, included on the agenda, and presents updates. Additionally, updates on issues and initiatives from OKDHS leadership are sent to all

tribes as needed in order to provide information and opportunity for input.

Tribal Program staff, in coordination with participating tribes, held the 10th annual Completing the Circle 2019 event. Participating tribes included: Kickapoo Tribe, Sac and Fox Tribe, Absentee Shawnee, Thlopthlocco Tribal Town, Muskogee Creek Nation, Cherokee Nation, United Keetoowah Band of Cherokees, Delaware Tribe of Indians, Seminole Nation, Citizen Potawatomie, Chickasaw Nation, Iowa Tribe of Oklahoma, Cheyanne Arapaho, Quapaw, Otoe Missouri, Ottawa, Eastern Shawnee, Miami, Shawnee, Peoria, and Choctaw Nation. The event was co-chaired by a tribal coordinator and the Chickasaw Nation Tribal ICW. The event was held 6/6/19 at the Citizen Potawatomie Nation Cultural Heritage Center and provided cultural activities to tribal children in foster care to help them stay connected to their heritage. This was the event's tenth year and it drew 701 participants including foster families and their children. Foster parents received six training credits for attending. While connecting Native American children to their heritage, the event introduced non-tribal foster parents to this important part of the Native American child's cultural roots. Demonstrations, Native American food, and hands-on activities were available for the children, lunch was provided, and the event was free of charge to all attendees, including the foster parents, all children in the resource home, and any home that fosters Native American children. This annual event is growing every year. Tribal program staff also attend and participate in several tribal foster care events throughout the year.

CWS Oklahoma Successful Adulthood (OKSA) services are available for tribal youth age 14 and up, which is covered in the Tribal State Agreement. Representatives of the program are actively involved in identifying those youth eligible for services. The OKSA unit also provides in-service trainings for the tribes through regular meetings provided by the state Tribal Units. OKSA staff are also supportive and actively involved in the annual Completing the Circle event, an indigenous cultural awareness event for Native American children in care and their foster families.

The Oklahoma OKDHS CWS Annual Progress Services Report is shared in-person with the tribes at the Tribal State Workgroup (TSW) and by email to the ICW directors of all 38 ***Oklahoma Federally Recognized Tribes***. The report is also mailed or faxed to the ICW directors, as requested. Due to frequent turnover of tribal Indian Child Welfare (ICW) staff, the CWS Tribal Program Unit maintains a list of current ICW staff that is updated monthly and sent to all CW staff and to the tribes. Throughout this reporting period all 38 tribes have been contacted at various times through invitation to participate in the TSW and initiatives involving the ICWA Partnership Grant. All tribes receive OKDHS CWS updates via e-mail on a regular basis. The ***Oklahoma Tribal ICW Contact List*** provides the names of the current tribal ICW directors and staff that OKDHS CWS consults with on a regular basis.

The Tribal State Workgroup (TSW) is chaired by CWS and Indian Child Welfare (ICW) leadership. The current co-chairs are CWS Director, Dr. Deborah Shropshire, and Sac and Fox ICW Director, Karen Hamilton. The ICWA Partnership grant provides staff support for these meetings. A decision was made to combine the September 2019

meeting with the ICWA Partnership Grantee annual meeting. This meeting was held on 9/16/19 at the Oklahoma History Center. TSW participants, CWS leadership, federal partners, court partners, grantees, and other stakeholders were invited to this meeting. Dr. Deborah Shropshire, Secretary of Human Services & Early Childhood Initiatives Steve Buck, and Secretary of Native Affairs Lisa Billy welcomed the group to the meeting. Overviews and updates of each of the three ICWA Partnership grant project sites, Oklahoma, Minnesota, and North Dakota, were presented, which allowed Oklahoma participants to hear about the project work occurring across the three sites in ICWA partnerships. The working lunch included storytelling by Robert Lewis, Cherokee Storyteller from the Cherokee Heritage Center. The meeting ended with the opportunity for meeting participants to tour the Oklahoma History Center. The tribes in attendance included the Delaware Nation, Sac and Fox, Peoria, Cheyenne-Arapaho, Choctaw, Tonkawa, Cherokee, Kickapoo, and the Chickasaw.

A TSW meeting was held on 2/21/20 at the Citizen Potawatomi Cultural Center. Highlights of this meeting included a presentation about the history and culture of the Potawatomi Tribe. This meeting also allowed for continued discussion and updates on Family First as well as updates on OKDHS projects. The Tribal Programs team, OICWA, and Court Improvement Project (CIP) also provided updates on their programs and activities. Tribal attendance included the Osage Nation, Choctaw, Seminole, Citizen Potawatomie, Absentee-Shawnee, Ft. Sill Apache and the Muscogee (Creek) Nation.

The expansion and enhancement of ICWA training for OKDHS, tribes, courts, and other stakeholders involved in ICWA practice continues to be a focus of the grant activities. The annual OICWA conference continues as a venue that provides ICWA and related training to partners and stakeholders. The 2019 OICWA conference "United for Our Children, Our Sovereignty, Our Future" was held on 11/6/19 – 11/8/19 at the Apache Casino Hotel in Lawton, Oklahoma. Various training credits for different disciplines were provided including training credits for OKDHS CW staff. Highlights of the conference included an "ICWA 101" workshop facilitated by Mr. Sheldon Spotted Elk, Casey Family Programs Director. This workshop provided a comprehensive overview of ICWA law as well as updates on current court cases with potential impact on ICWA. The keynote address was provided by Sandy White Hawk who uses her personal experience in adoption and trauma recovery to mentor and repatriate adoptees throughout Indian country. The participants also had the opportunity to view the documentary "Blood Memory" and participate in a discussion facilitated by Ms. White Hawk and the co-facilitator, Priscilla Day. This presentation provided an opportunity for participants to understand the impact of the removal of Indian children from their families prior to the passage of ICWA. The conference also included a "cultural evening" which featured the Fort Sill Apache Youth Crown Dancers as well as a presentation by Fort Sill Apache Tribal Historian, Michael Darrow.

The grant also helped in providing scholarships for registration and lodging which assisted in the individual's ability to participate in the conference. Decisions about scholarships intentionally gave priority given to supporting "teams" in attending the

conference. Judge Cassandra Williams from the Oklahoma County Juvenile court identified a group which included representatives from the District Attorney's office, contract attorneys, CASA, and CW staff. Tulsa County CW also identified a group of regional directors, district directors, supervisors, and CW specialists. A group of two CW supervisors and two CW specialists from Pottawatomie County also received scholarships to attend the conference. Supporting groups or teams of partners' participation in the conference was intended to support opportunities for enhancement of local collaboration, communication and relationships.

The CIP partners continue to be important to helping to achieve the grant's goals. Existing relationships with Judges and other court personnel are important to the grant team in identifying opportunities to improve court ICWA practice. CIP staff participate in sub-committees related to the grant and were very helpful in guiding grant activities and helping inform the grant team of court perspectives. A project intended to study ICWA practice as it relates to Oklahoma deprived courts is in preliminary planning stages. CIP staff expertise will be critical to the planning and implementation of this project.

The ICWA Partnership, comprised of OKDHS, Oklahoma Indian Child Welfare Association (OICWA), and the Court Improvement Project (CIP), was developed in 2016, as the evolution of previous partnerships, and committed to working together to strengthen ICWA practice, with a shared, stated goal to "improve safety, permanency, and well-being of American Indian children and families through improved communication, training, and accountability of child welfare and court systems as it applies to ICWA". Three specific objectives were identified through the ICWA Partnership Grant to promote ICWA compliance and establish measurable outcomes.

Objective 1

To build or enhance relationships between state child welfare, the court system and tribes.

Activities

A TSW meeting held on 2/21/20, the CWS Tribal Programs team, OICWA, and Court Improvement Project (CIP) provided updates on their programs and activities.

The ICWA Partnership grant completed site exploration of Pottawatomie County for an ICWA Partnership demonstration project. The grant team completed 43 key informant survey (KIS) interviews with the following local stakeholders:

Interview Subjects (Pottawatomie County)

Affiliation	Number of Interviews
OKDHS	21
Tribal	9
Courts	8
Community	5
Total	**43**

In addition to the local KIS interviews, the grant team also developed tools for observation of court and ICWA case activities. The grant team was able to observe a deprived court docket in Pottawatomie County and CW activities involving tribal children including a child safety meeting, court-appointed special advocate (CASA) staffing, and District Attorney staffing.

The grant team assisted with the identification of a local leadership group to provide oversight for the project. This leadership group identified as the Pottawatomie County Core Leadership team is comprised of ICW Directors or designees from the seven Shawnee Area Native American Child Protection Team (SANCPT) Tribes, Region 2 CWS director and Pottawatomie County director, Foster Care and Adoption supervisor, Tribal Programs, Judge, and District Attorney. The first meeting of this group was held in September 2019 and focused on reviewing the Pottawatomie County Site Exploration report. This group was tasked with making decisions about activities and projects designed to improve ICWA practice. This group made a decision that initial efforts focus on improving communication, relationships and collaboration between the three partners of tribes, state, and courts. The group decided upon monthly ICWA case staffings as a part of the monthly SANCPT meetings. The Grant Evaluator developed an evaluation plan to measure the effectiveness of these staffings in improving relationships, collaboration, and communication. Data collection for these measures began in March 2020.

Objective 2

To build or enhance ICWA compliance with clearly defined policies and procedures within state, court and tribal systems.

Activities

The Pottawatomie County Core Leadership team planned and implemented was the Pottawatomie County ICWA Partnership Kick-off Meeting. This meeting was designed to provide information and engagement opportunities for additional stakeholders including Pottawatomie County CW staff, ICW specialists, additional court partners, and OKDHS Leadership. This meeting was held on 3/6/20 at the Citizen Potawatomi Reunion Hall and featured information sharing, as well as cultural presentations. A highlight of this meeting was the viewing of the documentary "Blood Memory." This was a great opportunity to learn and discuss the reasons for ICWA, as well as exploring the negative impact that culturally insensitive governments and agencies, both public and private, can have on tribal families and children. The meeting participants also had an opportunity to view a "fishbowl discussion" by ICW, CW, and court partners about the documentary. The response to the meeting was very positive as evidenced by an evaluation that was distributed to the participants after the meeting. The Pottawatomie County Core Leadership group will continue to meet and identify additional strategies and activities to improve ICWA practice. The grant team will continue to provide support and to conduct evaluation efforts to determine the effectiveness of specific interventions at this site.

Objective 3

Building or enhancing current management information systems resulting in more timely and effective communication among tribes, state governments, and courts.

Activities

The State Automated Child Welfare Information System, known as KIDS, is the system for data entry for CWS cases and resources. The data from KIDS is used to compile reports though a Web-focus system. The WebFOCUS system is used to provide reports to tribes, courts, and other entities as applicable. CWS KIDS staff compile various reports on request as needed to assist tribes and other entities. These reports are available as point-in-time and are labeled with both date and time. The data relates only to children in care on the date given. This provides a tool for comparison with past reports.

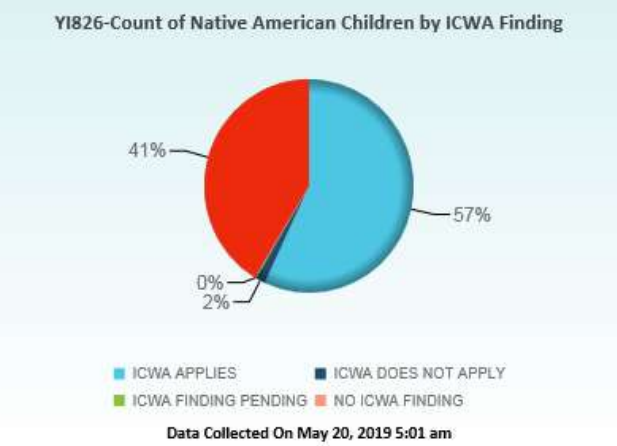
Reports are available to monitor placements and resources and include the YI023 Open Resource Homes report and the YI104 report. These reports provide data on current tribal resource homes and child placement information regarding placement type including kinship ICWA-compliant placements. The reports can be used to monitor this information as a tool to aid in identifying homes that may be considered ICWA compliant.

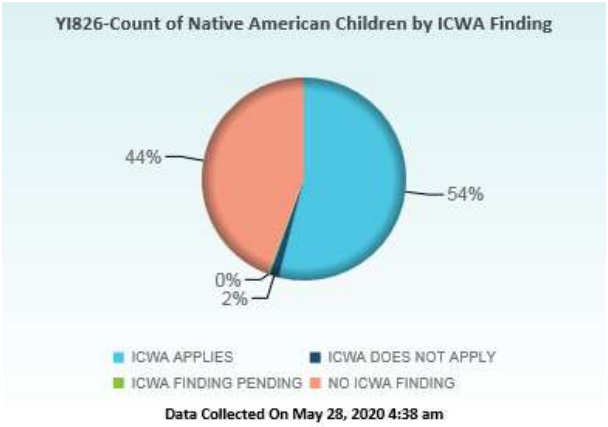
Other reports are also available and used to assess current tribal placements including the YI023 Open Resource Home report, the YI105 ICWA report, and the YI104 Child Information report. The YI104 Child Information report includes good cause hearing dates and information on sibling placements. Other reports available for review include the YI020 Vacancy report, the YI101 Judicial report, and the YI106 IV-E report. All listed reports are available on the WebFOCUS dashboard.

One of the most significant tools is the YI105 ICWA database. The YI105 report contains 66 columns of information. This amount of data available on a daily basis is an invaluable tool to determine ICWA-compliance areas. The tribal coordinators use it to provide information to the tribes, as well as to perform random checks on compliance areas that need to be addressed.

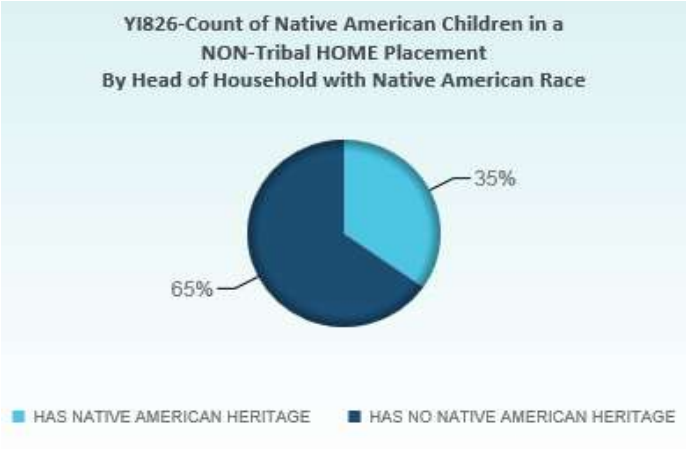
Based on the YI105 database, an ICWA dashboard, YI826, is available which includes graphs with current data and a search tool to provide up-to-date information. This includes: Count of Native American Children; Count of Native American Children by Custody Type; Count of Native American Children by Tribe Verification Status; Count of Native American Children by ICWA Finding; Count of Native American Children in a NON-Tribal Home Placement by Head of Household with Native American Race; Count of Native American Children in a Tribal Placement by Resource Tribe; Count of Native American Children by Placement Type; Count of Native American Children Exiting Care by Month and Exit Reason; Count of Children by Primary Oklahoma Tribe; and Count of Children by Primary NON-Oklahoma Tribe. This data is available for and provided to tribes as requested and for other purposes as indicated.

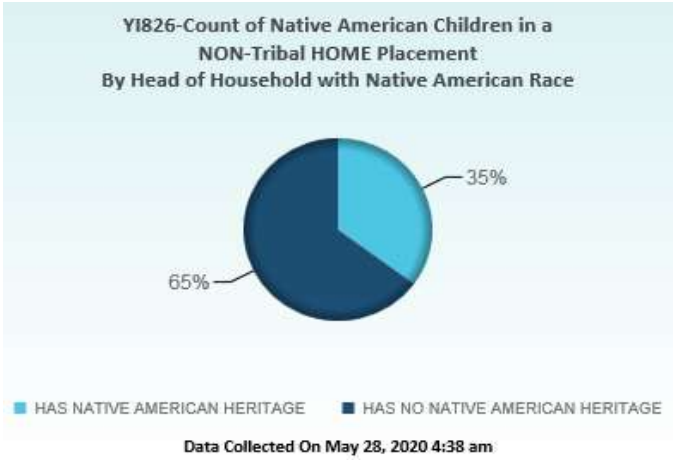
The following charts of the "Count of Native American Children by ICWA Finding" and show the comparison of data collected on 5/20/19 (a) to that collected on 5/28/20 (b), approximately one year. Interestingly, the two graphs show a slight (3%) decrease in Native American children by ICWA finding that "ICWA Applies", and conversely, a decrease of 3 percent of "No ICWA Finding". Four findings are reportable in KIDS regarding children identified as Native American. A finding of "ICWA applies" indicates that a child was determined a Native American child under ICWA and the case must follow ICWA guidelines. Likewise, a finding of "ICWA does not apply" indicates a child in the case does not meet the definition of a Native American child under ICWA. A finding of "ICWA Finding Pending" indicates that a child is not yet conclusively identified as an Indian child under ICWA and a "No ICWA finding" indicates that no finding was documented in the case. This may mean that the tribe has not responded to an inquiry on membership eligibility or the court has not made a finding. This would indicate that the number of children identified as falling under ICWA remains generally consistent across the state.





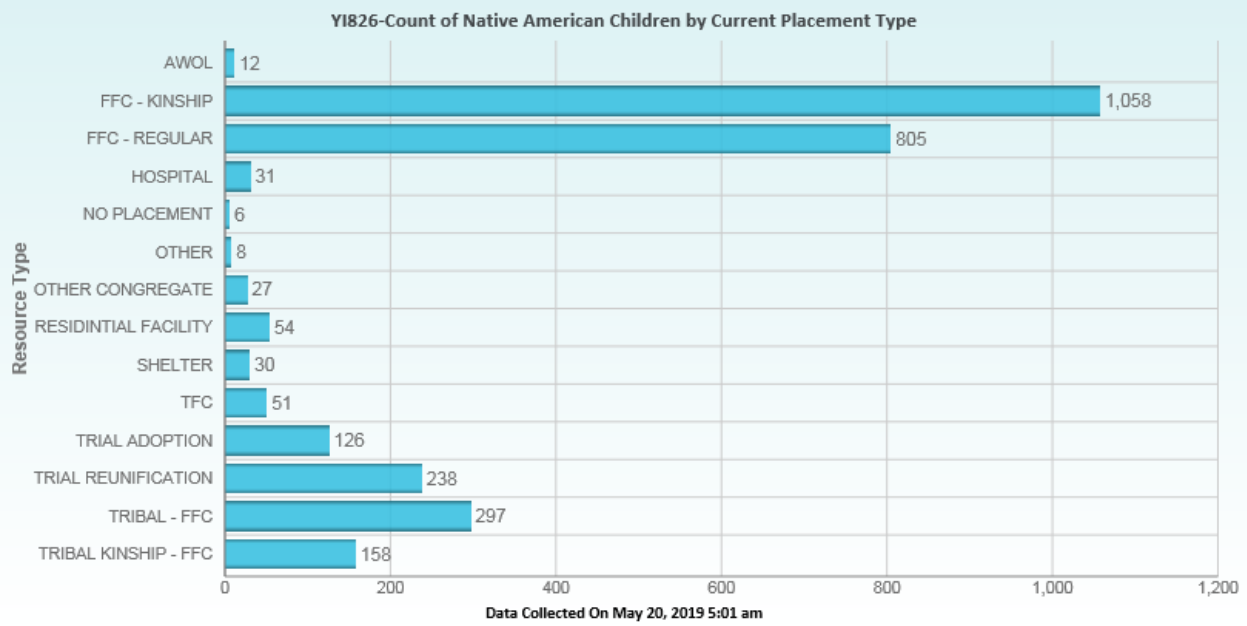
The following charts show the current number of Native American children in NON-tribal home placements based on whether the resource home head of household is Native American. This data can be used to assess current ICWA compliance, as well as used as a comparison to historical data to determine progress with ICWA compliance.

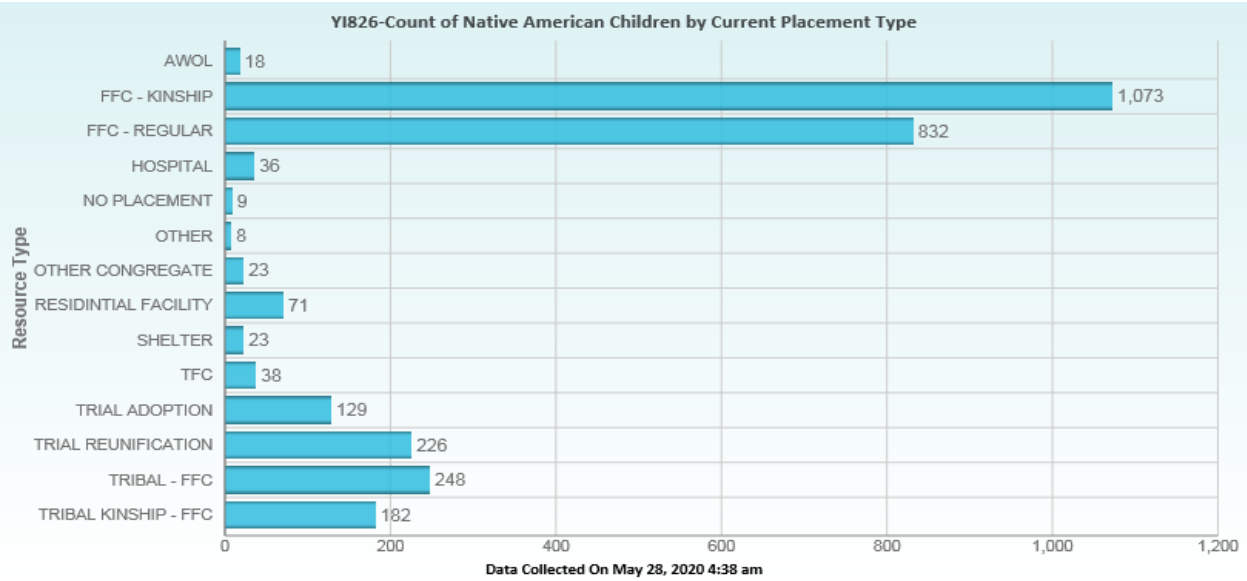




These charts, dated 5/20/19 and 5/28/20, shows the number of children placed in homes that identify as Native American to one resource parent. The number has remained consistent to placement with a Native American home at 35 percent. The number of children placed in homes identified as NON-tribal remains constant at 65 percent. Further analysis may be necessary to explain this as the graph does not indicate those homes that fail to identify as tribal, and also those homes that are kinship and do not identify as tribal.

The information can be further broken down as shown in the following line graphs indicating the current placement type:

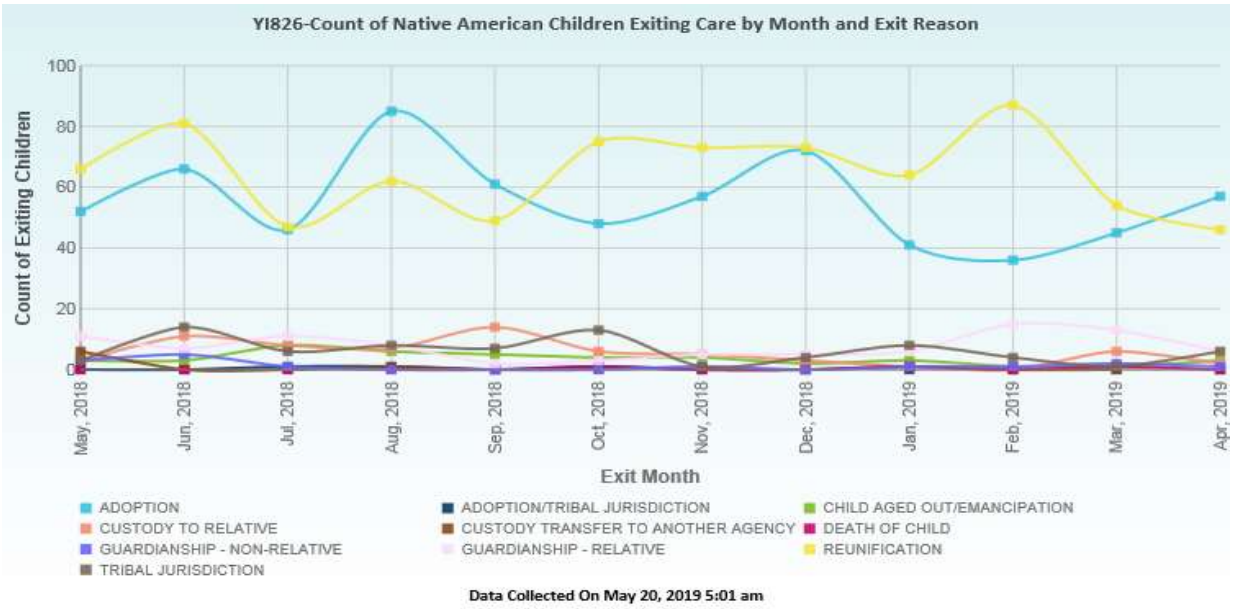


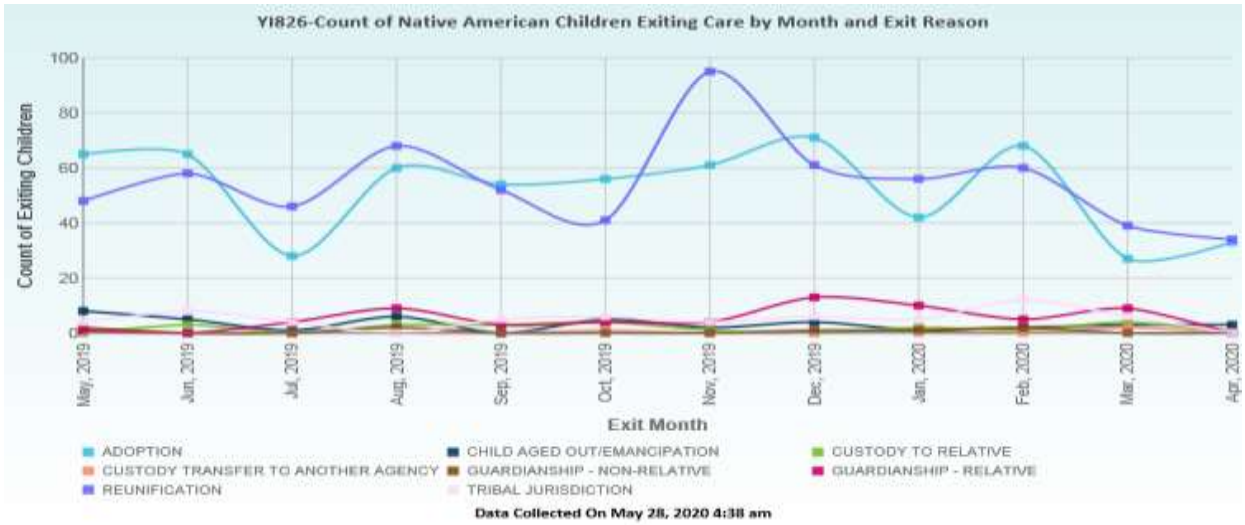


This data, collected 5/20/19 and 5/28/20, shows a clearer picture of ICWA-compliant placements. From the data above, 2,901 Native American children were in placement on 5/20/19 and 2,916 Native American children in placement on 5/28/20. Accordingly, in 2019 this data shows 52 percent ICWA placements and in 2020 the figure remains constant at 52 percent ICWA placements.

The line graphs shown below of placement permanency for Native American children shows the outcomes for Native American children from May 2018 through April 2019, data collected on 5/20/19. The second line graph shows the outcomes from May 2019 through April 2020, data collected on 5/28/20. This graph indicates how many children were placed for adoption and trial reunification. It also indicates the tribal children in

custody by exit: aged out, placed in guardianships, custody given to relatives, AWOL, and custody transfers to another agency, which is typically a transfer to the child's tribe. Adoption and reunification are the two most common outcomes for Native American children.





Update to Child Abuse Prevention and Treatment Act (CAPTA) State Plan

In 2018, Oklahoma House Bill (H.B.) 3104 was signed into law which changed several statutes to bring the state into compliance with the Comprehensive Addiction and Recovery Act of 2016 (CARA) and CAPTA. These changes included adding a definition of "Plan of Safe Care" for reports both accepted for investigation as well as those not accepted and altering the mandated reporting statute to include the required reporting of Neonatal Abstinence Syndrome (NAS) and Fetal Alcohol Spectrum Disorder (FASD). The policies related to Plan of Safe Care (POSC) were fully implemented in 2018 and included infants diagnosed with NAS or FASD to be referred to a medical provider and the mother or caregiver to be referred to substance abuse services. The POSC still includes previously made plans by a medical professional to address the health and treatment needs of the infant and mother, when appropriate. Monitoring through data collection continues to ensure consistent compliance which is outlined later in this section.

According to Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS), Child Protective Services (CPS) Programs will be utilized in conducting joint training for anyone in the community or regions of the state that need information. POSC will still be discussed in the next Children's Behavioral Health Conference, but due to COVID-19, the training coordinators are in the process of transitioning to a virtual training. ODMHSAS submitted a plan to the practice and policy academy which was accepted. The plan consists of a state team which includes Oklahoma Department of Human Services (OKDHS) leadership staff that helps in cross collaboration for improving POSC response.

Oklahoma strives to provide quality services to children and families. The 2011 CAPTA plan outlined three key areas for performance improvement. Although objectives changed with the three key areas, there are no significant changes to the previously approved CAPTA plan. Updates to the three key areas since 6/30/17, as well as how they align with the goals of the 2020-2024 Child and Family Services Plan (CFSP), are detailed below.

Area 3 - Case management, including ongoing case monitoring, and delivery of services and treatment provided to children and their families.

Objective: Review and evaluate current in-home services provided to families after an investigation of alleged abuse or neglect.

This aligns with the Safety Outcomes 1 and 2 from the CFSP: (1) children are, first and foremost, protected from abuse and neglect; and (2) children are safely maintained in their homes whenever possible and appropriate.

Action Steps:

1. Continue to increase the number of children and families served by Family-Centered Services (FCS), which works with the family in the home with the children remaining in parental custody. FCS case numbers increased by

approximately 22 percent from State Fiscal Year (SFY) 15 to SFY 16. The numbers remained steady since SFY 16 with 2,029 families served in SFY 19.

2. Expand Intensive Safety Services (ISS), the Title IV-E Waiver Demonstration Project, which provides services to higher risk families in their homes through FCS cases. ISS expanded from Region 3 to Regions 1, 2, and 5 in 2017, and Region 4 in April 2018. In October 2019, the IV-E Waiver Demonstration was extended to allow for a second evaluation in Regions 3 and 5.

3. Continue to track recidivism on FCS cases through the enhanced reports that assist Child Welfare Services (CWS) field leadership ensure the safety of the children in these cases. FCS case recidivism rates declined from SFY 15 through SFY 18. During that time frame, the FCS case volume increased each year, resulting in a total of 5,214 FCS case closures. Of those cases, 45.7 percent of families experienced a subsequent referral; however, only 6.8 percent experienced a subsequent removal within 12 months of the case closure date. In comparing the SFY 15 data to the SFY 18 data, there was a 2.7 percent reduction in the number of families with a subsequent referral and a 1.01 percent reduction in removals within 12 months. As recidivism data is captured for the 12-month period following the case closure date, the data for SFY 19 is not available until 7/1/20 at which time it will be utilized to make enhancements by programs as needed.

Area 4 - Enhancing the general child protective system by developing, improving, and implementing risk and safety assessment tools and protocols, including the use of differential response.

Objective: Review and evaluate the effectiveness of the assessment process in responding to reports of abuse or neglect.

This aligns with Safety Outcomes 1 and 2 from the CFSP: (1) children are, first and foremost, protected from abuse and neglect; and (2) children are safely maintained in their homes whenever possible and appropriate.

Action Steps:

1. Enhancement of the Assessment of Child Safety (AOCS), the Safety Framework, and the Supervisor/Leadership model were combined into the Safety through Supervision Framework. The tools and guidance previously developed and tested were further improved and the rollout of this framework was completed in May 2020 culminating in statewide implementation. Various trainings were included in the beginning of each zone implementation with the rollout and consisted of coaching training for supervisors, district directors, and field managers. The tools included in the Framework also serve as a resource for supervisors to use with their staff in completing quality safety assessments.

2. Guidance was developed to assist staff on how to best document the AOCS in an ongoing case. This effort is to help staff focus on the child's safety throughout

the life of the case and to streamline safety assessments across all programs. Changes were made in the State Automated Child Welfare System (SACWIS) in February 2020 to allow staff to document an ongoing AOCS.

Area 14 - Developing and implementing procedures for collaboration among child protective services (CPS), domestic violence (DV) services, and other agencies in investigations; the delivery of services and treatment provided to children and families, including the use of differential response, where appropriate; and the provision of services that assist children exposed to domestic violence that also support the care giving role of their non-abusing parent.

Objective: Determine best practice regarding intervention strategies for reports alleging child abuse or neglect involving domestic violence.

This area aligns with Safety Outcomes 1 and 2 from the CFSP: (1) children are, first and foremost, protected from abuse and neglect; and (2) children are safely maintained in their homes whenever possible and appropriate. It also aligns with Well-Being Outcome 1: families have enhanced capacity to provide for their children's needs.

Action Steps:

1. Continue to expand local DV Task Forces, consisting of CW staff and DV providers. Local task forces are located in Tulsa County (Region 5) and Muskogee County (Region 4). Lincoln County (Region 2) is working on developing a DV Task Force and has begun collaboration with neighboring Pottawatomie County in an effort to support one another with common resources. To create a more robust statewide collaborative, ongoing engagement with the other regions and counties continues. Each region is represented on the statewide Task Force, providing feedback on issues and supports in their region. Through trainings and guidebook revisions, the statewide collaborative continues to build working relationships with DV providers to ensure CWS is meeting the needs of victims appropriately and effectively.

2. In SFY 17, two-day DV Leadership training was developed for supervisors and district directors to ensure they received the same information new specialists now receive in CORE Academy. The course also included information on how to supervise for safety in DV cases. Trainings occurred in each region in SFY 17. In SFY 18, all CW lead specialists were offered this training, with an additional four trainings offered in SFY 19 for all CW staff who had not previously received the training. The entry level DV training was updated in 2019 and is still offered through the CORE Academy. CORE Academy and all training curriculum were updated in SFY 20. The DV training offered for new specialists (CW 1024) will be updated in SFY 21 to support the training changes made to CORE Academy.

3. The DV Desk Reference was updated in late 2017 and disseminated to all CW specialists. The DV Desk Reference continues to be used by staff as a valuable resource when assessing family domestic violence.

Since 1/30/16, the CAPTA state grant funded state agency staff who provide technical assistance, consulting, and training to field staff in all of the described areas. These staff developed training on the guides and tools associated with the Safety through Supervision Framework and the Supervisor/Leadership model as well as the training associated with the rollout of these combined efforts that began in July 2018 and ended in May 2020. They were also instrumental in the development of the updated DV Desk Reference and the ongoing DV Task Forces. Since 2018, CAPTA funding was used for administrative costs related to training across the state. District staff and community partners were identified for those purposes. The community partners still provide level trainings in Tulsa and Norman for all CW staff and leadership to attend.

Amendments to CAPTA Made by CARA

- POSC is monitored in one of two ways:
    - For those referrals accepted for assignment, the plan is monitored through the investigation. The specialist inquires about any plans previously developed by a hospital or medical professional to address the health and substance use treatment needs of the infant and the mother or caregiver. Such plans are included as appropriate in the POSC.
    - For those referrals that are not accepted for assignment as an investigation, a POSC referral is entered and assigned to the mother's county of residence. A specialist makes contact with the mother and substance-affected infant to jointly develop a POSC. The specialist inquires about any plans previously developed by a hospital or medical professional to address the health and substance use treatment needs of the infant and the mother or caregiver. Such plans can be included as appropriate in the POSC. Within the next 60-calendar days, follow-up is completed to determine whether the POSC recommendations were addressed.
- Updated POSC data from 4/1/19 through 3/30/20:
    - 349 substantiations indicated an infant was born substance-exposed or tested positive.
    - Of those infants, 24 were noted in KIDS as substance-affected (suffering from withdrawal). Two of those infants were not confirmed as suffering from withdrawal and did not require a POSC.
    - Out of the 22 children requiring a POSC, 10 infants received a POSC.
    - According to manually kept program logs, 89 additional infants were reported as substance-affected which were not listed in KIDS.
    - Upon analysis of those 89 infants alleged to be suffering from withdrawal symptoms, 5 of those were determined to not have actually suffered from withdrawal; thus, leaving 84 infants requiring a POSC.
    - Of those additional 84 infants requiring a POSC, 11 infants were found to have a fully compliant POSC of sufficient quality. 73 infants were found to have some aspects of a completed POSC, but still lacked sufficient quality so were not counted as a fully compliant POSC. 17 infants showed no efforts put forth toward development of a POSC even though one was required.

  - Most of the POSC deficiencies were found in the conversations staff were had with the medical providers for both the mother and the infant. The majority of discussions revolved around the child's current condition rather than development of a plan moving forward for the child and/or mother.
  - In May 2020, a proposal for an online mandatory training for all CPS, FCS, and Permanency Planning (PP) specialists was submitted. The expected launch date for this training is expected to be no later than October 2020. Additionally, virtual trainings will be offered to all CPS, FCS, and PP specialists and supervisors between June and September 2020.
- The state does not anticipate the need for technical assistance to support compliance in the next FFY.
- The funding will be used to continue to fund staff time for the POSC.

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(405) 521-4365
(405) 521-4373 (fax)

Oklahoma Child Death Review Board (CDRB) 2020 Recommendations to OKDHS

Ensure all child death investigations are conducted jointly with law enforcement.

- OKDHS Response: OKDHS policy provides guidance for joint coordination and investigation with law enforcement regarding all child welfare investigations, including child death investigations.

Encourage training and utilization of the Centers for Disease Control and Prevention's Sudden Unexplained Infant Death Investigation (SUIDI) protocols for OKDHS child death investigations.

- OKDHS Response: OKDHS will continue to offer "Safe Sleep" training three times per year. The training is conducted by OKDHS staff in conjunction with staff from the Oklahoma City-County Health Department and is available to 75 participants each session. The training includes risk factors of all sleep-related infant deaths and prevention recommendations for creating a safe sleep environment. CWS will embed the Centers for Disease Control and Prevention's recommended SUIDI protocols into Child Death and Advanced Child Protective Services training, which are each offered quarterly to CW staff who conduct child welfare investigations.

Expand suicide death investigations and documentation, to include medical, psychiatric, and social history, such as past history of attempts, medications, counseling, note of intent, social media, family history of attempts/deaths, stressors, relationship status,

school performance, peer relations, sexual orientation, and gender identity in reports reviewed. The CDRB reviewed and closed 14 cases of suicide or 10.9 percent of all cases reviewed and closed) cases of suicide and many did not collect this information.

- OKDHS Response: OKDHS rarely investigates cases of child suicide; however when investigated, CWS will include a medical, social, and psychiatric history of the death victim when available as part of the safety analysis conducted.

Ensure all children in OKDHS custody receive timely child behavioral/mental health screenings to determine the need for trauma-informed, evidence-based behavioral/mental health assessment and treatment services.

- OKDHS Response: Oklahoma H.B. 1075 (2019) added a new section of law, Section 1-4-208 of Title 10A of the Oklahoma Statutes requiring every child taken into OKDHS custody be given a standardized assessment within 21-calendar days of entering custody, unless otherwise prescribed by the assessment. The assessment will evaluate the child's physical, developmental, medical, mental health, and educational needs which will be considered when developing placement and services plans for the child. The assessment will be updated at regular intervals while the child is in OKDHS custody to ensure the child's needs are being addressed.

Ensure all children and families served by OKDHS programs have access to trauma informed, evidence-based behavioral/mental health assessment and treatment services.

- OKDHS Response: OKDHS ensures all families served have access to trauma-informed and evidence-based behavioral health services; however, services offered by OKDHS are largely voluntary and it is ultimately the family's choice as to the chosen provider.

See attached ***Oklahoma Domestic Violence Fatality Review Board 2019 Annual Report*** and ***Oklahoma Child Death Review Board 2020 Recommendations***.

Updates to Targeted Plans within the 2020-2024 CFSP

2021 APSR Foster and Adoptive Parent Diligent Recruitment Plan Progress

Over the past year, Oklahoma continued to approve new foster and adoptive families within 60-90 days of initial inquiry. Contact is made with families in the approval pipeline weekly to ensure any barriers to timely approval are addressed. Child Welfare Services (CWS) consistently identified that any approvals beyond the 60 to 90-calendar day timeframe are due to the family's choice to move more slowly through the process. The yearly recruitment goal continues to be split between CWS and the Resource Family Partner (RFP) agencies. Based on trends from the past few years, CWS took a slightly larger piece of the overall goal this year, aiming to recruit 475 of the overall 898 homes, with the RFPs aiming to recruit 423 homes. As of 5/1/20, CWS and the RFPs combined have met 73.8 percent of the overall goal of 898 homes, which is 663 homes. CWS recruited 334 homes or 70.3 percent of their goal and the RFP agencies recruited 329 homes or 77.8 percent of their goal.

Preliminary Data for New Foster Homes

Agency	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	Total	SFY20 Target	% of Target Achieved
ANGELS FOSTER FAMILY	5	6	3	5	4	4	8	3	5	6	49	*45*	108.9%
ANNA'S HOUSE	6	4	1		3	2		4	1	1	22	*28*	78.6%
CHOICES FOR LIFE								1			1	*6*	16.7%
CIRCLE OF CARE	3	3	5	12	6	6	1	9	9	7	61	*60*	101.7%
ECKERD				4	1				2	1	8	*14*	57.1%
HBSR		3	3	4		3	1	3	3	1	21	*16*	131.3%
LILYFIELD	1		1	4	2		1	2	2	1	14	*32*	43.8%
LIONS MEADOWS OF HOPE	1		2					2	3	2	10	*12*	83.3%
OK FAMILIES FIRST	2	1		3	4		3	2	1	3	19	*20*	95.0%
ST. FRANCIS COMMUNITY	2	1	3	4	4	4	2	3	1	3	27	*50*	54.0%
SUNBEAM FAMILY SERVICES	1	2			2	2	1	3		1	12	*15*	80.0%
TFI	4	8	3	10	8	2	4	5	9	7	60	*90*	66.7%
WESLEYAN		3	1	3	1	3		2	3	3	19	*20*	95.0%
YOUTH & FAMILY SERVICE, INC.						3			2	1	6	*15*	40.0%
RFP Total	**25**	**31**	**22**	**49**	**35**	**29**	**21**	**39**	**41**	**37**	**329**	***423***	**77.8%**
REGION 1	10	16	6	1	5	9	5	4	5	3	64	*99*	64.6%
REGION 2	11	7	12	12	9	14	7	9	6	5	92	*129*	71.3%
REGION 3	3	4	3	1		7	1	3	2	2	26	*48*	54.2%
REGION 4	10	13	12	13	5	10	14	7	6	9	99	*99*	100.0%
REGION 5	5	4	9	2	5	3	4	6	8	7	53	*100*	53.0%
DHS Total	**39**	**44**	**42**	**29**	**24**	**43**	**31**	**29**	**27**	**26**	**334**	***475***	**70.3%**
Foster Care Total	**64**	**75**	**64**	**78**	**59**	**72**	**52**	**68**	**68**	**63**	**663**	***898***	**73.8%**

Data Source: Measure 2; Run Date 5/1/20 - These are preliminary numbers and are subject to change.

Additionally, when comparing the number of open homes at the beginning of State Fiscal Year (SFY) 20 on 7/1/19, to the number of open homes as of 5/1/20, there is a net gain of 41 homes. This is a significant increase after seeing a minimal net gain over the past few years.

Open Resource Family Partner (RFP) and OKDHS Foster Homes by Agency			
Agency Resource	7/1/2019	5/1/2020	NET
ANGELS FOSTER FAMILY NETWORK OKC	132	131	-1
ANNA'S HOUSE	59	63	4
CHOICES FOR LIFE	0	1	1
CIRCLE OF CARE	118	163	45
ECKERD	24	24	0
HBSR	37	50	13
LILYFIELD	55	45	-10
LIONS MEADOWS OF HOPE	13	26	13
OK FAMILIES FIRST	36	51	15
ST. FRANCIS COMMUNITY SERVICES	120	115	-5
SUNBEAM FAMILY SERVICES	27	25	-2
TFI	172	208	36
WESLEYAN	57	90	33
YOUTH & FAMILY SERVICE, INC.	33	26	-7
DHS	1026	1048	22
TOTAL	2025	2066	41
Data Source: Measure 2a			

Oklahoma previously identified a need for improved pre-service training for all resource parents. Oklahoma was selected as a pilot site to participate in the National Training and Development Curriculum in conjunction with Spaulding for Children, The Center for Adoption Support and Education, the North American Council on Adoptable Children, the National Council for Adoption, and the University of Washington. Oklahoma is one of eight states that will be a part of this five-year grant that pilots new and progressive pre-service training for resource parents. Oklahoma is almost finished with year two of the grant and will pilot the training in summer 2020.

Oklahoma remains committed to retaining foster and adoptive parents through multiple avenues. Staff continue to make monthly contacts with resource homes to provide support and identify if there are any needs from the resource parent or child in placement. During the last year, each region of the state also held resource parent appreciation events that were highly attended. Exit surveys with resources that requested to close their home provided overall positive feedback about their fostering experience and stated they would recommend fostering to others. A large majority of families closed their home in order to focus on their own family for a period of time and would consider fostering again in the future. When a resource home closes, supervisors call the family to thank them for caring for a child in the custody of the Oklahoma Department of Human Services (OKDHS), obtain any feedback about their experience, and invite the family to return in the future. Based on these calls, a small number of families decided to remain open as a resource home and feedback continued to be positive regarding resource staff. Resource parents in Oklahoma also have access to an exclusive benefit program just for resource families. Benefits include discounts at restaurants, movie theaters, amusement parks, sports functions, and local

attractions in various communities throughout Oklahoma. CWS also worked closely with the Foster Care and Adoptive Association of Oklahoma board to develop strong relationships that keep CWS apprised of challenges resource parents may face and how CWS and RFP agencies can better support resource families. CWS continues to partner with the Foster Care and Adoption Support Center to maintain the Oklahoma Fosters webpage and handle all initial inquiries made by prospective resource parents.

CWS recruitment is comprised of 10 units statewide led by the Recruitment field administrator. All CWS recruitment units and RFP agencies complete yearly recruitment plans once the goals are determined for the state fiscal year. The recruitment plans are then updated quarterly. Recruitment plans also include retention activities and this past year specifically included activities that involved current or former resource parents to aid in recruitment and retention. Data is provided to all recruitment staff, both internal and external, regarding current recruitment numbers, current open resource homes, number of children in custody, sibling separations, and children placed outside their home county. Recruitment staff uses this data to drive their recruitment plan activities in order to meet the needs of Oklahoma's children. In March 2020, a recruitment collaboration meeting was held that brought together recruiters from every recruitment area in Oklahoma, which included all CWS recruiters, RFP agency recruiters, therapeutic foster care (TFC) recruiters, and tribes. The meeting's goal was to allow networking between individuals, but also to identify barriers to recruiting families and brainstorm potential solutions. The recruitment collaboration plans to meet quarterly going forward and encourage partnership between each entity.

CWS continues to focus on placing children with kinship whenever possible. CW staff inquires about possible kin at the time of removal, during the initial meeting, and continuously throughout the life of the case. When children can't be placed with kin, CWS looks for a home that can meet the specific child's needs. In an effort to better match children with families that can meet their needs, CWS developed an Enhanced Foster Care (EFC) Program aimed at meeting the needs of children with needs that fall between a traditional and therapeutic placement. When a child that could benefit from enhanced foster care services is identified, the family is provided with wraparound services to meet that child's needs, additional training, and a higher reimbursement rate. Another EFC goal is to identify families with the skills and experience that can work with a child with a higher level of needs when supports are made available. There are multiple layers to the newly developed EFC program; however, it is already serving over 70 children in OKDHS custody. CWS hopes that as the EFC Program grows it will assist with placement stabilization and also possibly provide another avenue for permanency for children that are unable to return home.

CWS maintains an adoption rate of 95 percent for children in their current placement when they are unable to return home. Based on this information, the Resource Family Model started another phase in May 2019 that focused on transitioning to only accept adoptive families willing to take children 12 and older, large sibling groups, or children with special needs. CWS saw a decrease in the number of adopt-only homes and an increase in the number of foster homes as the Resource Family Model was

implemented. Staff provide transparency about the need not only for foster families to provide temporary care, but also for the need for adoptive families to provide care for this population of children. Additionally, CWS Adoption Transition staff partnered with Wendy's Wonderful Kids (WWK) during 2019 to shift to the WWK model, which has seen great success. The WWK model has specific modes of targeted recruitment that focuses on the child and their current and previous connections, including extensive case mining. When the WWK model is fully implemented, CWS anticipates finding homes for a higher number of children that are legally free for adoption without an identified placement. Both the development of the EFC program and the partnership with WWK are in line with Oklahoma's Adoption Call to Action as they focus on finding permanency for children with a higher level of needs and children that are legally free for adoption.

Health Care Oversight and Coordination Plan

1. A schedule for initial and follow-up health screenings that meet reasonable standards of medical practice.

As in the past, Oklahoma utilizes the current Medicaid Early Periodic, Screening, Diagnosis and Treatment (EPSDT) schedule. The Child Welfare Services policy, Oklahoma Administrative Code (OAC) 340:75-6-88, requires EPSDT screening according to the schedule of frequency or at a minimum, an annual physical exam. In addition, CWS provides as soon as practicable after the filing of the petition, an initial health screening for each child placed in OKDHS emergency custody, to identify any health problems that require immediate treatment, diagnose infections and communicable diseases, and evaluate injuries or other signs of abuse or neglect. Section 1-7-103 of Title 10A of the Oklahoma Statutes requires that OKDHS provide medical care necessary to preserve the child's health and protect the health of others in contact with the child. Each child in OKDHS custody is subject to receive:

(1) yearly mental health or developmental screening;
(2) yearly dental exam when the child is older than 3 years of age. Children younger than 3 years of age receive dental services as needed;
(3) immunizations initiated and kept current;
(4) visual and hearing evaluation exams and corrective lenses or hearing aids, when indicated;
(5) outpatient or inpatient behavioral mental health treatment, when appropriate;
(6) physician's services, when the child is sick. This service is not considered a physical exam; and
(7) follow-up and referral services as recommended by a qualified professional.

2. How health needs identified through screenings will be monitored and treated, including emotional trauma associated with a child's maltreatment and removal from home.

Per OAC 340:75-6-88, the child welfare (CW) specialist schedules initial health and developmental screenings for the child based on the needs and age of each child

placed in out-of-home care. The CW specialist ensures, in coordination with the placement provider and parent, when applicable, that the child in out-of-home care timely receives needed routine and specialized medical care, including medical, dental, visual, and counseling services. Subsequently, the CW specialist coordinates with care providers routinely during the required contact with child and resource provider. Child Contact Guides, specific to age ranges, are used by the CW specialist to address the physical environment, health and safety concerns, developmental milestones, and independent living skills, when applicable, for each child in out-of-home care. When there are any resulting concerns, a plan is developed to document any actions taken regarding risk items or concerns for child abuse or neglect.

In 2012, OKDHS was awarded a competitive grant, titled the Oklahoma Trauma Assessment and Service Center Collaborative (OK-TASCC). OK-TASCC was a demonstration grant through the Administration on Children, Youth and Families on the Initiative to Improve Access to Needs-Driven, Evidence-Based/Evidence-informed Mental and Behavioral Health Services in Child Welfare through OKDHS. The project goal was to improve the social and emotional well-being and restore the developmentally-appropriate functioning of children and youth in the CW system that have mental and behavioral health needs through helping Oklahoma develop and implement a comprehensive, integrated, and reliable continuum of screening, assessment, and aligned service delivery. A trauma-informed screening and functional assessment, the Child Behavioral Health Screener (CBHS) was developed and is now used statewide on a monthly basis for all children involved with CWS. CW staff makes service referrals based on the needs identified, facilitates initiation of service providers, and uses CBHS as a guide to establish service utilization. Working in partnership with the Oklahoma Department of Mental Health and Substance Abuse (ODMHSAS), the OKDHS mental health consultants are available for consultation and referral for youth in need of mental health services.

3. How medical information will be updated and appropriately shared, which may include developing and implementing an electronic health record.

Per OAC 340:75-6-40.2, when a child is in OKDHS custody and in out-of-home placement, the CW specialist provides the placement provider all known information concerning the child at the time of placement and every six months, at a minimum. In addition, placement providers are given access to the Child's Passport, a web-based application that provides the placement provider with medical and educational records, among other case plan information, for the child in the provider's care. Since the development of the Child's Passport in 2010, OKDHS continued to refine and enhance the application with real-time data exchanges from the Oklahoma Health Care Authority (OHCA) as the state Medicaid agency and the Oklahoma State Department of Education (OSDE). A new, more user-friendly version of the Health and Education Passport was launched in 2019, through a foster parent portal. The portal is part of the Oklahoma Benefits Information Systems project, and the health and education information is provided in a much more comprehensive, organized, and user-friendly format on multiple platforms including mobile devices. This enhancement improves the

ability of placement providers to view and share medical information with health care providers. Additional Information Systems transformation planned for/occurring over the next five years will provide CW specialists with much better medical information for viewing and decision support.

4. Steps to ensure continuity of health care services, which may include establishing a medical home for every child in care.

Two specialty clinics, Fostering Hope, at the University of Oklahoma (OU) Medical centers in Oklahoma City and Tulsa serve children in foster care, as well as those who have achieved permanency through reunification, guardianship, or adoption. In addition, the clinics provide care for families and children who are encountering complex social challenges or are involved in CWS prevention efforts. A third satellite, in conjunction with the Family T.R.E.E. in Oklahoma City, is located in the former Oklahoma County shelter space. Because this space houses the Family T.R.E.E. and is located next to the Juvenile Court, there is an opportunity to grow the clinic to serve additional needs, such as providing an assessment hub that can evaluate children very quickly after encountering CW and ensure that they are connected with appropriate community health resources. The vision and ongoing development of the clinic is expected to occur over this next Child and Family Services Plan (CFSP) cycle.

In addition to providing medical services, the Fostering Hope clinic in Oklahoma City provides continuity training to pediatric resident physicians. The continuity experience is required in primary care residency, and includes a half-day of clinic weekly, providing care to a continuous group of patients, over a three-year period. Each year nine total pediatric residents spend their continuity time in the Fostering Hope clinic, and a total of 15 residents have graduated with this valuable experience. This is significant, because several of those graduates have entered private practice in Oklahoma and form a loose "network" of pediatricians who intentionally provide medical care to children at risk or in foster care in their community clinics. In addition, one of the graduates completed a Child Abuse Pediatrics Fellowship in Utah and is now returning to OU-Oklahoma City to be part of the pediatric training program and the Fostering Hope clinic.

Adverse childhood experiences (ACES), trauma, hope, and resilience are hot topics in Oklahoma. Professionals of all kinds, including medicine, social work, mental health, education, and even the general public ,are becoming much more informed. An example of this is viewing the "Resilience" documentary, which was purchased by several entities including the academic centers, the Oklahoma State Department of Health (OSDH), and foundations, and shown to over 15,000 professionals and citizens just in the past 18 months. In addition, Oklahoma State University (OSU)-Tulsa was awarded a large grant on ACES and protective factors, and the OU Department of Pediatrics and OSDH both are heavily involved in better understanding the location of populations with high ACES and the location of services to address those needs. In addition, OSDE is heavily emphasizing trauma and trauma-informed schools. While some of these efforts are not specific to only children in foster care, they do reflect a general interest across all systems around adversity, trauma, resilience, and hope, and

this creates opportunity to elevate the evidence-base around practice and policy.

Several years ago, OHCA established use of a medical home model for all primary care providers who serve children, including those in foster care. A principal of the medical home model is continuity, and information is provided by OHCA to CWS and the health passport regarding the last well checkup and the provider name and location so that continuity can be maintained. A continuing challenge for children in foster care is the transfer of records and information between providers as children move. At this time, no single health information system is available to all providers who serve children in foster care, but as mentioned previously, a significant amount of improvement was made and continues to be made on the health and education passport information provided to foster parents.

In 2014, a CW nursing program was launched. The primary focus is assisting CW specialists with understanding disease and risk as it relates to safety decision-making; however, the nursing team also serves as a liaison between CWS, families, foster families, and the medical community. Additionally, the CW nurses: assist in helping CW specialists in understanding medical needs and risks of youth; are available for home visits for high and moderate risks cases; provide medical representation at statewide Multidisciplinary Team staffings; assist staff in safety plans regarding medical care of at risk youth; and help connect families and CW specialists with medical resources. The CW nurses were involved in 1,700 open cases last year, and as the program sustains and grows, there is potential to more formally develop supports around the continuity of health services for children in care.

5. The oversight of prescription medicines, including protocols for the appropriate use and monitoring of psychotropic medications.

The partnership between OKDHS OU College of Pharmacy, and OHCA continues to grow around the oversight of psychotropic medications. First, OKDHS established a clinical team consisting of a child and adolescent psychiatrist; pediatric psychologist; pediatrician; the CW nursing team; and the mental health consultants who are contracted with the ODMHSAS. This team works on protocols around identifying children and youth with behavioral health needs, including medications, and ensuring appropriate treatment is provided. Details on the group's current efforts can be found in the attached ***Clinical Team Update March 2020***.

In addition, the partnership resulted in the development of a clinician-led taskforce that is presently writing standards/guidelines for behavioral health management in children and youth. The guidance will include recommendations on screening, diagnosis, behavioral health treatment, and medication prescribing and monitoring. The taskforce is utilizing medication guidelines for children in foster care developed in several other states, but OHCA intends to extend the group's recommendations toward all children insured by Medicaid, not only children in foster care. The Oklahoma Pediatric Psychotropic Medication Resource Guide is currently in the finalization process and is set for completion in late June 2020. In addition to electronic and hard copy versions

available to Oklahoma clinicians, the OSU Center for Health Sciences, Pediatric Behavioral Health and Emotional Health ECHO program presents on the topics of the Resource Guide to the larger Oklahoma audience. Furthermore, Dr. Coffey presented on the Resource Guide at several state medical organizations, training institutions, and community partnerships to educate the Oklahoma mental health and medical community about this important resource and its impending availability.

Comprehensive behavioral health plans are child specific, and psychotropic medications are integrated as part of that plan, which includes appropriate behavior planning, symptom and behavior monitoring, and communication between the prescriber, parents, placement providers, CW specialist, child, therapist, and other relevant members of the child's treatment team.

6. How the state actively consults with and involves physicians or other appropriate medical or non-medical professionals in assessing the health and well-being of children in foster care and in determining appropriate medical treatment for the children.

As detailed above, CWS developed a robust clinical team that is contracted to provide case staffing support as well as to guide CWS as it develops a stronger continuum of placement and service, and the move toward the Family First Prevention Services Act (FFPSA) qualified residential treatment program requirements. This team meets monthly with the program staff responsible for foster care, group homes, and therapeutic foster care. The current team consists of a child and adolescent psychiatrist, pediatric psychologist, pediatrician, registered nurses, mental health consultants, adoption specialist, and a liaison between OKDHS and ODMHSAS. In addition, there are formal contractual and data sharing relationships with OHCA, OU College of Pharmacy, OSU Center for Health Sciences, and OU Health Sciences Center.

7. The procedures and protocols the State has established to ensure that children in foster care placements are not inappropriately diagnosed with mental illness, other emotional or behavioral disorders, medically fragile conditions, or developmental disabilities, and placed in settings that are not foster family homes as a result of the inappropriate diagnoses.

CWS utilizes standard processes and embedded clinician expertise to ensure children with medical or behavioral health diagnoses have:

(a) access to appropriate screening and assessment;
(b) access to the health care services they need;
(c) ongoing review of physical and behavioral health problems to ensure diagnoses are up to date and accurate; and
(d) supports for placement in the least restrictive placement, typically a foster home.

The Child Behavioral Health Screener is administered monthly to children in foster care. Information obtained through this screening tool informs the CW specialist of symptoms that warrant further assessment but can also be useful for comparing with the child's clinical diagnosis and the treatment plan of existing mental health services and may necessitate further consultation when the screener and the treatment do not appear to align. Upcoming utilization of the Child and Adolescent Needs and Strengths (CANS) will provide additional information on the specific needs of children in the CW system requiring higher levels of care. As CANS is implemented into the targeted population, the intention will be to look back at previous Child Behavioral Health Screeners; along with additional data, such as time to disrupted placement, first placement, age at first placement, and time in care, to better understand youth that are at risk of needing more extensive mental health services and more restrictive care settings.

8. Steps to ensure that the components of the transition plan development process required under section 475(5)(H) of the Act that relate to the health care needs of youth aging out of foster care, including the requirements to include options for health insurance, information about a health care power of attorney, health care proxy, or other similar document recognized under state law, and to provide the child with the option to execute such a document, are met.

Several steps are embedded in the CWS Practice Model policy that guide CW specialists in assisting youth aging out of foster care with transitioning health-related care. A family meeting (FM) is held 120-calendar days prior to a youth aging out of foster care. During the FM, the youth and supporting adults initiate the youth's My Transition Plan that includes discussion around the 7 Key Elements of Success with health as one of the elements. The youth is provided a brochure, Congrats! You're 18! that sets forth three topics. The first topic is Medicaid options for health insurance that includes the website where the youth, who is 18 years of age, can go to complete an application for Medicaid coverage. The second and third topics focus on the options of executing an Advanced Directive. The youth can decide whether to receive life-sustaining treatment, select a person to serve as the youth's "health care proxy," and decide to donate the youth's organs. The youth is also referred to a website that provides more detailed information on the Advanced Directive. A video is available for viewing and copies of the documents are available online. As the youth completes the My Transition Plan, he or she verifies the receipt of the Congrats! You're 18! brochure and if he or she has executed an Advanced Directive. CWS and OHCA continue to coordinate extended coverage options for youth who age out of foster care. One of the lessons learned is the need to provide a variety of options for messaging transition planning and how to impart heath care information that requires action on the youth's part. The Oklahoma Successful Adulthood (OKSA) website offers such a means and CWS is continuously working with the OKSA contractor to develop and improve message delivery to youth who can benefit from health care services.

Disaster Plan

See the attached ***Oklahoma Child Welfare Services Disaster Plan***.

Training Plan

Initial Staff Training

CORE
CORE training consists of four weeks of classroom training that covers foundational level knowledge, skill competencies, and CWS policy. Content is presented by a combination of CW staff and contracted trainers. The 2020-2024 CFSP established the goal of finalizing new curriculum which was completed in March 2020. Due to health restrictions as a result of the COVID-19 pandemic, CORE moved onto a virtual training platform. As a result, the curriculum implementation and evaluation is based on when in-person training will commence. It is unknown how state finances will impact training. While the changes may be significant, the Training Unit will remain focused on implementing what is feasible and learning from the outcomes.

Collaborative
The Training Unit continues its work with collaborative partners assisting in evaluation and refinement. The training collaboration partners include the University of Oklahoma (OU) Center for Public Management with the OU National Resource Center for Youth Services (NRCYS), and OU School of Social Work (OUSSW). Together, the partners are tasked with assisting in the creation, assessment, and management of key elements of the Training Unit. To create learning content, the Training Unit must understand employee needs. Teams were created to generate a wider range of solutions by refining ideas based on the defined need. During this review period, the collaborative primarily focused on the completion of provisional curriculum and its evaluation. Programmatic staff finalized their assistance in the review of the competencies, transfer of learning (TOL), and on the job training (OJT). All in-person CORE content was finalized while some later module online content continues to be finalized. When the curriculum is utilized again, the focus will be on evaluation and revisions. The original implementation date of the new CORE curriculum was set for November 2019; however, it was delayed due to online content not being finalized. Challenges with holidays required the date to be moved to early in 2020. This also allowed more time for the program field representatives (PFRs) to participate in train the trainer sessions.

Supervisors are a part of the review process focusing on the TOL, which serves to reinforce new learning. TOL is defined as when the knowledge, skills, abilities, and attitudes learned are used OJT and benefit employee performance. A specialist's newly learned skills are rudimentary and fragile when compared to individuals who have mastered their practice. New specialist's skills require support when faced with family reactions since their behavior/response is underdeveloped and needs shaping to be effective in practice. TOL activities serve to reinforce and integrate learning and apply it into practice. Supervisors provided feedback on the proposed TOL's related to if they

understand what is being asked of them and if they have the supports needed to implement, including the time and knowledge.

Training Time Frame

1. Hired CW specialist.

   The newly hired CW specialist participates in pre-training and pre-CORE activities for two-to-four weeks while in the county office. This time provides the CW specialist the opportunity to begin: establishing relationships within the office; gaining an understanding of office cultures and expectations; and developing an understanding as to the position's nature and scope.
2. Prior to gaining a caseload.

   The CW specialist begins CORE, a generalized training program developed to provide the CW specialist, regardless of his or her career track within CWS: CPS, Foster Care, Permanency Planning, Family-Centered Services, and Adoption, with the foundational information needed to be successful in the position. This information includes introduction to practice standards and development of core competencies. Generalized CORE is a nine-week program with four individual modules, two periods of OJT, and a final week that concludes with an assessment of the CW specialist's ability to demonstrate practice behaviors critical to outcome achievement through the CW specialist Provisional Certification testing. This testing includes assessment of child safety (AOCS), KIDS (Statewide Automated Child Welfare Information System), child interviewing, and adult interviewing. A CW specialist who receives a score of "meets standards" or "needs improvement," is eligible to receive a graduated caseload of 50 percent following completion of Modules 5 and/or 6, depending upon their assigned track. This reporting period covers this version of CORE. As of 3/1/20, a new CORE curriculum was introduced. The specific layout of this new CORE will be discussed in the next APSR.

   The CW specialist, who receives a score of "does not meet," must be reassessed. His or her assigned supervisor is expected to complete a 30-calendar day support plan with the CW specialist and reassess the CW specialist's abilities. Support plans focus on deficient skills identified during the CW specialist's Certification with a "does not meet" provisional certification outcome. Successful completion of the support plan results in the CW specialist progressing to Modules 5 and/or 6. Any CW specialist not able to successfully complete the support plan is not provisionally certified and is unable to carry a caseload.
3. Upon being assigned a 50 percent caseload.

   The CW specialist begins his or her fieldwork and continues with Level 1 training. Level 1 differs from CORE training in that the course materials generally build upon essential skills to enhance job performance. The future goal of the CW Training Unit and Collaborative is to develop Level 1 training that will significantly enhance CW specialist performance, but is more

effective after a CW specialist has time to directly experience more fieldwork. This will occur after new CORE is implemented and evaluated.

4. Prior to being assigned a 75 percent caseload.
   The CW specialist continues with Level 1 trainings. After a period of 90-calendar days following assignment of the 50 percent caseload, the supervisor observes and coaches the CW specialist's performance and makes an evaluation that determines if the CW specialist is ready to be assigned a 75 percent caseload.
5. Upon being assigned a 75 percent caseload:
   The CW specialist continues his/her field work and participating in enhanced, Level 1 training.
6. Prior to being assigned a 100 percent caseload:
   After a period of 90-calendar days following assignment of the 75 percent caseload, the CW specialist is observed and coached again by his or her supervisor, who makes an assessment to determine if the CW specialist is ready to be assigned a 100 percent caseload.
7. Upon being assigned a 100 percent caseload.
   The CW specialist continues to complete Level 1 trainings by the end of 18 months with CWS. If the CW specialist fails to complete a course in which he or she is enrolled, the Training Unit re-enrolls him or her. Quarterly reports are generated listing CW specialists who are delinquent with required trainings. When a CW specialist I is on the list, the immediate supervisor is notified and if he or she remains on the list for another quarter his or her supervisor is contacted again. When the CW specialist is not making progress, the supervisor and his or her immediate supervisor are notified and the situation is managed as a personnel issue.
8. Upon beginning the CW specialist's second year with CWS.
   The CW specialist begins to enroll in Level 2 courses and may begin specialized training with 5000 level courses. Level 2 trainings serve as a brief refresher to build upon past information, provide updates to information that changed in the past year, and improve capacity by offering new information to enhance skills that were learned, practiced, and reinforced. Specialized training allows a CW specialist to individualize a career path and professional development plan by self-selecting trainings that add to the ability to provide quality services to children and families. A CW specialist II, the only other level with required trainings, has three years after completing CORE to complete required trainings. A quarterly delinquent list is generated and those delinquencies are sent to each CW specialist supervisor and his or her immediate supervisor. Delinquent trainings remain on the list until completed. Local administrators address CW specialists who are delinquent through disciplinary means. The CW specialist does not enroll in Level 3 trainings until all required Level 1 and 2 trainings are completed.

CW Specialist Certification – Training Evaluation

The purpose of evaluation is to ensure training achieves its goals and objectives and improves employee's performance. Training evaluation helps guide revisions when

reviewing data on performance strengths and areas for growth. The Training Unit used the Kirkpatrick evaluation model to provide the framework for a multilevel social service evaluation plan. Kirkpatrick's model is composed of four levels:

- Level 1 evaluation involves assessing CW specialist perceptions and level of satisfaction or reactions to the training. Does the CW specialist like the training?
- Level 2 evaluates knowledge and skill increases immediately after the training. Does the CW specialist find the training useful or worthwhile for his or her work?
- Level 3 evaluates the transfer of new skills, knowledge, and attitude to performance on the job.
- Level 4 evaluates organizational change as a result of training.

Level 1-3 evaluations occur to assess the application of knowledge, attitudes and skills to employee practice. Level 1 evaluation is a component of the training process through surveys. Level 1, though it may not indicate learning or behavioral changes, pairs well with the other questions and may get to more subtle issues, such as word of mouth within CWS which may indirectly impact TOL. Level 2 is evaluated through the certification process, within courses when knowledge is revealed through skills demonstration, and pre- and post-tests that assess for an increase in knowledge of training content. Levels 1 and 2 are pragmatically easier to measure at the Training Unit level. Level 3 is primarily evaluated by behavioral observations that are evaluated by the CW specialist Certification process. Outcomes are compiled at the supervisory level. Continuous Quality Improvement, through case reviews, is able to account for practice change outside of behavioral observations. CWS outcomes, as measured in the CFSR, when required, are Level 4 results.

The Training Unit ensures that instruction is measured and aligns with CWS performance measures, and that a feedback loop is established to ensure higher-level assessments are provided. The Training Unit, based on feedback from State Office personnel or supervisors, creates or alters training to meet a CW specialist's needs.

At Level 2, pre-training tests (pre-tests) and post-training tests (post-tests) assess the degree of change in CW specialist's knowledge and skills and provide feedback on needed changes to trainings. The tests must be knowledge-based using multiple choice and/or open-ended questions to test the efficacy of the training curriculum. All trainings have pre- and post-test questions. Since most new CW specialists lack CW experience, greater knowledge gains are anticipated in their classes. Ongoing work continues to align post-tests with curriculum and evaluating the effectiveness of the questions. The Learning Management System (LMS) makes it easier to capture and review results.

The post-test questions measure immediate recall, but do not assess long-term retention or behavioral change. Long-term retention would require administering a post-test at a specified future period, usually around six months. Level 1 and 2 certifications are designed to evaluate at this six-month level. Behavioral observation can be measured when courses use observation of skills taught, such as during role-play or by a supervisor. Many classes use experiential components in training. This requires

each course to ensure opportunities are introduced to anchor learning to future utilization during ensuing service delivery. However, not all courses are designed to capture the results of the course's experiential aspects; thus, these results cannot be captured and reported. The Training Unit continues supporting curriculum changes and incorporating such activities. The Level 2 results serve as a basis to evaluate the translation of knowledge and skills to actual job performance as observed by a supervisor.

The trainer's role is important as it may have a large effect on the training's outcome. Many agency employees are promoted based on being a subject matter expert (SME) and may not have expertise in adult learning theory and principles and thus they do not have knowledge about how adults learn effectively. CW 5037 – Training of Trainers (TOT) introduced agency personnel who provide training to the concepts and skills needed to effectively create and facilitate learning. Trainers take a new role moving from a traditional SME didactic instructor to facilitator, which includes creating learning among employees by providing a chance to teach back what they have learned. This aligns with research that indicates a primary didactic approach to learning is less effective than experiential or hands-on learning styles of course instruction. The TOT process occurs through two courses: CW 5473 – Championing the Learner and CW 6642 – Experiential Design Instruction. CW 5473 focuses on facilitation skills and experiential learning in the classroom. CW 6642 focuses on curriculum development based on adult learning theory. The courses emphasize how considerable learning takes place outside of training, which aligns with current efforts for supervisors to reinforce learning in an intentional way.

Training goals ensure training is intentional, presented with consistency, impactful, and enhances practice. Training should not only prepare an employee but also enhance the ability to provide quality services, and provide the support to implement those services. Training should be measurable in its impact upon outcomes. The Training Unit continues to move forward implementing a multifaceted approach to training evaluation. The plan is detailed below and will be implemented as resources and capacity allow. Pre-identified limiting factors include budget constraints, technology, staffing, and CQI.

Training Evaluation

- Companion guides for supervisors to use with the CW specialist are to support the training preparation and the transfer of learning following training. Supervisors cannot coach as effectively without support from the competencies and practice behaviors for classes that CW specialists attend or when classes are updated and new ones created. Companion guides provide a means for the supervisor to remain current with curriculum to support CW specialist learning. Companion guides provide a basic outline of the material as a resource to the supervisor, which include discussion points to have before training and guided discussion points following training focused on best practices. Guides continue to be developed as new courses are added. The primary evaluating desired outcomes are related to the guide's structure and usability, as well applicability related to TOL. Survey feedback from supervisor supports the current format.

- Pilot classes at each level are enhanced to ensure all programmatic staff is involved prior to implementation. The Training Unit's personnel work with program staff early in curriculum development to ensure competencies and practice behaviors align with policy and practice. CW specialists and supervisors from each track of CW practice are selected to attend and provide feedback via survey to ensure the class meets the unique needs of their respective tracks of work before finalizing curriculum.

Training Enrollment/Attendance

CORE Training

Reporting Period	Number of COREs Held	Number of Participants Enrolled	Number Attended and Completed	Percentage Attended and Completed	Number Incomplete	Percentage Incomplete
7/1/2019-2/29/2020	16	378	*321	85%	13	3%

Between 7/1/19 and 2/29/20, 16 COREs were held. Two CORE groups began in February 2020 with a total of 44 specialists enrolled. These specialists did not complete prior to the end of the reporting period. Due to a shortage of CPS specialists, the Training Unit added four additional CORE groups in October and November 2019. Those numbers are included in the reporting. A total of 13 employees began CORE but left the agency prior to completing CORE. One specialist from Indian Child Welfare completed Modules 1-3 of CORE.

Level 1 Trainings

Reporting Period	Number of Participants Enrolled	Number Attended and Completed	Percentage Attended and Completed	Number Incomplete	Percentage Incomplete	Number of No Shows	Percentage of No Shows
7/1/2019-3/13/2020	2729	2650	97%	9	>1%	70	3%

CW specialists who "No Show" for a Level 1 course are re-enrolled by the Training Unit until the course is completed or are indicated as such due to having left CWS without being withdrawn from the course.

Level 2 Trainings

Reporting Period	Number of Participants Enrolled	Number Attended and Completed	Percentage Attended and Completed	Number Incomplete	Percentage Incomplete	Number of No Shows	Percentage of No Shows
7/1/19-3/13/20	281	246	88%	0	0%	35	12%

Twenty-three Level 2 courses were initially offered during this reporting period, with four being cancelled. Two were cancelled due to low enrollment, one was incidentally scheduled to occur on an OKDHS holiday and was cancelled, and one was cancelled due to COVID-19.

Level 3 Trainings

Reporting Period	Number of Participants Enrolled	Number Attended and Completed	Percentage Attended and Completed	Number Incomplete	Percentage Incomplete	Number of No Shows	Percentage of No Shows
7/1/2019-3/13/2020	390	366	94%	0	0%	24	6%

All Level 3 courses offered during the reporting timeframe are part of the Mentor Certification process. The only Level 3 training permitting lower-level CW specialists to enroll was CW 3032 – Motivational Interviewing. Other Level 3 trainings include CW 3042 – Follow-Up to Motivational Interviewing, CW 3300 – Coaching, CW 3444 – Mentor Certification Preparation, and CW 3445 – Mentor Certification.

Level 4 Trainings

Reporting Period	Number of Participants Enrolled	Number Attended and Completed	Percentage Attended and Completed	Number Incomplete	Percentage Incomplete	Number of No Shows	Percentage of No Shows
7/1/2019-3/13/2020	345	327	95%	2	>1%	16	5%

Level 4 trainings offered during this reporting period include: CW 4123 – Ethics in Supervision, CW 4289 – Intergenerational Supervision, CW 4389 – Sociology of Child Poverty, CW 4020 – Follow-Up Coaching Workshop, CW 4552 – Indirect Trauma Simulation, CW 4501 – KIDS Reports Training for Permanency Planning Supervisors, CW 4502 – KIDS Reports Training for Child Protective Services Supervisors, CW 4503 – KIDS Reports Training for Resource Supervisors, and CW 4550 Supervisor Academy. Details specific to CW 4550 – Supervisor Academy are captured later in this report.

Level 5 Trainings

Reporting Period	Number of Participants Enrolled	Number Attended and Completed	Percentage Attended and Completed	Number Incomplete	Percentage Incomplete	Number of No Shows	Percentage of No Shows
7/1/2019-3/13/2020	274	216	79%	6	2%	56	20%

Level 5 trainings offered during this reporting period include: CW 5005 – Child Fatality Training; CW 5205 – CSM Facilitator Training; CW 5802 Records Check Training; CW 5864 Foster Care Contract Training. The percentage completed is lower because Level 5 courses are not always monitored by a training coordinator. The lack of coordination and/or communication via e-mail reminders may result in a lowered attendance. Logistical changes will be explored to attempt to better manage attendance.

CW Specialist Certification

The certification establishes a provisional certification conducted through the Training Unit and allows for the remainder to occur through observation, assessment, and coaching by CW specialist supervisors. The provisional certification continues to occur at the completion of CORE and the assessments are conducted by the Training Unit's personnel. Supervisors continue the certification process by observing a CW

specialist's work with families on his or her caseload thus providing an enhanced experiential process.

New supervisors receive training in Supervisor Academy regarding his or her role in certification; however, they receive specific training in CW 3444 – Mentor Certification Preparation regarding how to use the certification assessment tools. This training is designed to train CW specialist III's to assist their supervisor in coaching new specialists toward their required skills. New supervisors are allowed to attend this training to ensure their ability to evaluate specialists for certification. Allowing them to come to CW 3444 makes for more efficient use of resources and allows any supervisor who desires a refresher to attend. The certification process provides more time for the CW specialist to grow by ensuring ongoing assessment and coaching corresponds to his or her developmental needs. This structure aligns with the belief that supervisors should have an enhanced role in CW specialist development. Certification moves from simulation interviews to field work and represents a truer assessment of CW specialist skills.

CW Specialist Provisional Certification Testing Results

For the reporting period of 7/1/19 through 2/29/20, 423 CW specialists completed CW specialist Provisional Certification from 16 CORE groups. Three of these CORE groups began their training in June 2019, and were provisionally certified after 7/1/19. Those numbers are included in the results. Three additional CORE groups began in January and February 2020 and did not complete their provisional certification prior to 2/29/20. Those numbers are not included in these results.

Testing Component	Meets Standards	Percentage Meets	Needs Improvement	Percentage Needs Improvement	Does Not Meet Standards	Percentage Does Not Meet	Total Number
AOCS	303	72%	120	28%	0	0%	423
KIDS	408	98%	7	2%	0	0%	415
Child Interview	285	67%	127	30%	11	3%	423
Adult Interview	202	48%	205	48%	16	4%	423

Comparison to Previous Outcomes

Approximately 100 more specialists were provisionally certified from 7/1/19 – 2/29/20 than in the previous reporting year. KIDS certification saw no difference in this reporting period. All other areas of provisional certification saw a decrease in "Meets Standards," an increase in "Needs Improvement," and a slight increase in "Does Not Meet."

While the curriculum being evaluated will not be used moving forward, the decrease is of interest. Historically, yearly results vacillated within the average of 10 percentage points with this year being consistent.

A few systemic factors may account for the decrease in "Meets Standard" and increase in "Does Not Meet." The Training Unit had one established PFR go on Practicum leave for their Master of Social Work in the Child Welfare Professional Enhancement Program. The Training Unit PFRs had several meetings to improve interrater reliability

by looking at behavioral anchors for each area of the assessment rubrics. Further, the Training Unit PFRs spent extra time reading/reviewing new curriculum, learning new facilitator skills in anticipation for a date four months into this reporting period, followed by a delay to get through the holidays, as described earlier. This may have lessened focus and had a deflating effect when the new curriculum was not piloted in November 2019.

Child Interview Results by Track

Track	Number Meets	Percentage Meets	Number Needs Improvement	Percentage Needs Improvement	Number Does Not Meet	Percentage Does Not Meet	Total Number
CPS	114	55%	85	41%	9	4%	208
PP	134	82%	28	17%	2	1%	164
FCS	8	80%	2	20%	0	0%	10
Hotline	4	34%	8	67%	0	0%	12
Resources	24	83%	5	17%	0	0%	29
Total	284	67%	127	30%	11	3%	423

Comparison to Previous Outcomes

The results are consistent with performance results from previous years, with variations within the normal range. What is consistent is the performance of CPS having lower number of "Meets Standards." It remains a hypothesis the workload or intensity of the work may create challenges for supervisor in supporting OTJ training or TOL.

Adult Interview Results by Track

Track	Number Meets	Percentage Meets	Number Needs Improvement	Percentage Needs Improvement	Number Does Not Meet	Percentage Does Not Meet	Total Number
CPS	96	46%	106	51%	6	3%	208
PP	80	49%	76	46%	8	5%	164
FCS	5	50%	5	50%	0	0%	10
Hotline	7	58%	5	42%	0	0%	12
Resources	14	48%	13	45%	2	7%	29
Total	202	48%	205	48%	16	4%	423

Comparison to Previous Outcomes

Initial training results continue to indicate that CW specialists are able to demonstrate required competencies. CORE performs well in teaching CW specialists basic knowledge and skill as evidenced by the CW specialist Certification.

CW specialists perform well on the child interview, while the adult interview indicates a lower level of proficiency based on the number of CW specialists scoring lower in both "Meets Expectation" and "Needs Improvement."

For several review periods, child interviewing for CPS continued to lag behind PP. This year the difference remained prominent. In preparing to move to new curriculum, the Training Unit will assess if improvement occurs.

Provisional Certification, though still new, has appeared to stabilize in performance outcomes. Since significant changes are coming some time in the upcoming year, Training will have a baseline with which to compare and evaluate the outcomes between the CORE curriculums.

AOCS by Track

Track	Number Meets	Percentage Meets	Number Needs Improvement	Percentage Needs Improvement	Number Does Not Meet	Percentage Does Not Meet	Total Number
CPS	142	68%	66	32%	0	0%	208
PP	123	75%	41	25%	0	0%	164
FCS	9	90%	1	10%	0	0%	10
Hotline	8	67%	4	33%	0	0%	12
Resources	21	72%	8	28%	0	0%	29
Total	303	72%	120	28%	0	0%	423

The AOCS saw a decrease slightly larger than the average yearly variance. Outcomes based on CW specialist track do not demonstrate substantive differences in performance though for some tracks the sample size makes it difficult to extrapolate. The indication is that the training is equally effective for all CW specialists regardless of their track. CPS continues in alignment with previous years to be less effective at meeting the outcome of "Meets Expectations" compared to PP. The Training Unit will continue to evaluate as CWS changes to a new CORE.

Post-CORE Survey

All CORE CW specialists and their supervisors complete a 12-question survey tied to the CORE competencies after CORE/CW specialist Certification. Listed below are the numbers of those surveyed and the response rate for the first three quarters of SFY 20.

CORE – CW Specialists Post-CORE Survey Response

From 7/1/19 to 2/29/20, 321 specialists completed Phase 1 of CORE. 290 CW specialists completed the Post-CORE survey for a return rate of 90 percent. This is an improvement over the previous year in which the return rate was 80 percent.

	Extremely Useful	Moderately Useful	Slightly Useful	Neither Useful or Useless	Not Useful	No Mentor	Total
Question 1: How useful was it when you worked closely with a mentor after CORE classes in preparation for CW Specialist Certification Assessment?	70%	17%	7%	3%	1%	2%	100%
Question 2: How useful was it when you worked closely with your Supervisor after CORE classes in preparation for CW Specialist Certification Assessment?	71%	18%	6%	3%	1%	1%	100%
Question 3: How useful was CORE in helping to prepare you for your Provisional Certification Assessment?	52%	32%	12%	3%	1%	NA	100%
Question 4: How useful was the training and practice you received in CORE related to conducting an adult interview in the field?	52%	30%	14%	2%	2%	NA	100%
Question 5: How useful was the training and practice you received in CORE related to conducting a child interview in the field?	64%	27%	7%	1%	1%	NA	100%
Question 6: How useful was the training you received in CORE in helping you complete an AOCS in the field?	49%	29%	17%	3%	3%	NA	100%
Question 7: How useful was the KIDS training you received during CORE specific to your ability to use KIDS in the office?	48%	28%	19%	2%	3%	NA	100%

	Well Prepared	Pretty Confident	Somewhat Prepared	Total
Question 8: How prepared for the assessment situation were you when you came to Provisional Certification assessment?	38%	44%	18%	100

	Very supportive	Somewhat Supportive	Not Supportive	Total
Question 9: How supportive were the trainers who assisted you before Provisional Certification?	89%	10%	1%	100

	Extremely Clear	Moderately Clear	Not very clear	Not clear	Not communicated to me	Total
Question 10: How clearly were your interviewing strengths communicated to you during the certification process?	71%	28%	1%	>1%	0	100%

	Extremely Well	A little	It didn't match up	Completely Opposite	Total
Question 11: How well did what you learn in CORE match up with what you learned during OJT?	45%	51%	3%	1%	100%

	Yes, I applied a lot of learning to the field	Some application to the field	No, not at all	Total
Question 12: Were you able to apply learned skills from CORE classroom training to field experiences and interviews?	69%	30%	1%	100%

Overall, CW specialists report having confidence they learned essential skills to apply in the four certification components and in their work with families. The last report captured one quarter and a small sample size, thus this report provides cumulative feedback with modified responses providing more nuanced responses. Areas needing monitoring with the new curriculum and the use of simulation are feeling prepared for adult interviews, readiness for certification, and KIDS training. CW specialists report confidence in being sufficiently prepared for Certification and a continued reporting of the value of supervisors and mentor support. Increased flexibility regarding the timing of OJT activities will be a focus next review period. The focus groups may provide some of the more nuanced responses to areas where the higher ratings options could improve. Specialists continue to leave certification with clarity regarding their strengths and areas for improvement.

CORE – Supervisor Post-CORE Survey Response

From 7/1/19 to 2/29/20, 321 participants completed Phase 1 of CORE. 185 CW supervisors completed the Post-CORE survey for a return rate of 58 percent. 131 specialists were granted modifications to certification, in which the Post-CORE survey was not required to be completed. Some supervisors completed the survey prior to their specialist receiving a modification. Further, one survey was distributed; however, it was noted that some supervisors were accessing an old post-CORE survey link and inadvertently taking the incorrect survey. While the questions were the same, the responses were different. Beginning with Question 4, the responses changed from a yes/no response (99 supervisors) to a scaled response (86 supervisors).

Questions 1-3 in the following charts have a total response of 185.

	Yes	Not as much as I would have liked	No, but the mentor did a good job	Total
Question 1: Were you able to spend time with your specialist taking over assignments, shadowing experiences, feelings, ethics, etc. during their first weeks in the office?	71%	21%	8%	100%

	Yes, a lot	Yes, some	No, not much	Total
Question 2: Did the Specialist's ability to assess safety appear to improve/develop during CORE training process?	52%	47%	1%	100%

	Yes, a lot	Yes, some	No, not at all	Total
Question 3: Is the Specialist able to transfer learned skills to the "real" field interviews?	61%	39%	0%	100%

The following chart reflects post-CORE survey with 99 responses.

	Yes	No	Did Not Observe	Total
Question 4: Were Friday conferences useful to enhance your Specialist's understanding of county protocols/ procedures?	99%	1%	NA	100%
Question 5: Do you consider the Friday conferences to be a worthwhile component of the learning experience for a new CW Specialist?	94%	6%	NA	100%
Question 6: When you observed your mentor work with the new specialist, did you find the coaching to be helpful to the CW Specialist?	87%	1%	12%	100%
Question 7: Did you observe the specialist interview a child and provide feedback to the specialist?	59%	41%	NA	100%
Question 8: Did you observe the specialist interview an adult and provide feedback to the specialist?	62%	38%	NA	100%
Question 9: Was observing your specialist conducting interviews helpful to you?	62%	1%	37%	100%

The following charts reflect the corrected post-CORE survey with responses from 85 supervisors.

	Extremely Useful	Moderately Useful	Slightly Useful	Not Useful	Unable to Conduct	Total
Question 4: How useful were Friday conferences to enhancing your Specialist's understanding of county protocols/ procedures?	48%	34%	14%	3%	1%	100%
Question 5: How useful do you consider Friday conferences to be as a component of the learning experience for a new CW Specialist?	50%	33%	14%	2%	1%	100%

	Extremely Helpful	Moderately Helpful	Slightly Helpful	Not Helpful	Unable to Conduct	Total
Question 6: When you observed your mentor work with the new Specialist, how helpful did you find the coaching to be to the Specialist?	55%	31%	10%	1%	3%	100%
Question 7: How helpful was observing the Specialist interview a child and providing feedback to them about their strengths and areas for ongoing development?	69%	27%	2%	2%	NA	100%
Question 8:How helpful was observing the Specialist interview an adult and providing feedback to them regarding their strengths and areas for ongoing development?	68%	29%	1%	2%	NA	100%
Question 9: How useful to you was observing your Specialist conducting interviews?	76%	21%	1%	2%	NA	100%

Both CW specialists and their supervisors continue to reflect a belief that essential skills are developed during CORE which remains consistent with responses from previous years.

Overall increases were observed except for question 6, which is not of concern. Changes to the curriculum and surveys should provide new insights.

Certification – Phase 2 Surveys – CW Specialists at 50 Percent Caseload

Survey Response

From 7/1/19 to 2/29/20, 380 CW specialists entered Phase 2, while 197 specialists completed Phase 2. 90 specialists left the agency during Phase 2, while 470 specialists remain in progress of completing Phase 2. 140 responses for the Phase 2 survey were received from specialists. Reasons for this discrepancy: In an effort to certify specialists that have been with the agency for over 1 year, but had not completed Phase 2, modifications were made to progress them to Phase 3 if they were sufficiently performing. The delay in not moving to Phase 3 was causing unnecessary delays in progressing through outstanding Level 1 courses. Since the timeframes for completion exceeded the ability to assess the survey questions accurately it affected the return rate. While there were many reasons for delays in progressing through certification, changes in supervisor was prominent. After a month of Phase 2 and/or Phase 3 being overdue, the Training Unit communicates with the supervisor about the overdue documentation. Extensions to complete are granted as needed. The Training Unit communicates with supervisors and district directors approximately every 30-calendar days thereafter to expedite timeliness of certification documentation. After more than 90-calendar days overdue, the Training Unit includes regional directors in the communication.

Questions	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Total Response	Change from Previous Year
My supervisor engages me in the planning process, such as preparing for visits and procedures for my job.	1%	>1%	4%	32%	63%	140	*Agree/ Strongly Agree improved by 3%*
My supervisor gives me adequate information on how well I am performing.	1%	0%	6%	25%	68%	140	*Agree/ Strongly Agree remained the same*
The information I receive about my performance usually comes to me timely enough to be of use to me.	2%	2%	5%	32%	60%	140	*Agree/ Strongly Agree improved by 1%*
I often receive feedback from my supervisor for good performance	>1%	4%	5%	27%	64%	140	*Agree/ Strongly Agree remained the same*
My supervisor helps me prevent and address burnout.	>1%	3%	10%	29%	58%	140	*Agree/ Strongly Agree decreased by 1%*
My supervisor encourages me to use the skills that I learn in training on the job.	1%	1%	6%	33%	59%	140	*Agree/ Strongly Agree decreased by 3%*
My supervisor ensures that I reflect on my practice with clients.	1%	1%	11%	39%	48%	140	*Agree/ Strongly Agree decreased by 3%*

Survey Results

Outcomes closely mirror those from previous years with half demonstrating slight improvement and half a slight decrease. Plans are in place to alter the questions to better align with some of the curriculum changes. The majority of CW specialists either "Agree/Strongly Agree" with factors the Training Unit believes influence quality supervision.

CW Specialist Certification: Phase 2 Surveys from Supervisors with CW Specialists at 50 Percent Caseload

Survey Response

From 7/1/19 to 2/29/20, 197 CW specialists completed Phase 2. 184 responses were received from supervisors. Reasons for this discrepancy: Some responses received during this evaluation period were responses from surveys from the previous evaluation period. Also, supervisors were able to access the survey prior to fully completing the Phase 2 requirements. Some surveys are not completed when a specialist or supervisor transfers toward the end of the certification period, so reliable feedback on the process is not received. In an effort to certify specialists that were backlogged in Phase 2, modifications were made in which certain elements of Phase 2, including surveys, did not have to be completed. The survey modification was made as asking recall information from over one year prior, or while the specialist was supervised by a different supervisor, would not be deemed reliable information.

Questions	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Total Response	Change from Previous Year
The amount of time to observe, assess, and coach the CW specialist through the Provisional Certification was sufficient to effectively evaluate.	2%	3%	17%	59%	19%	184	*Agree/ Strongly Agree decreased by 2%*
As a result of the Provisional Certification process, I have increased my knowledge of the skills of the Specialist I supervise.	2%	4%	13%	58%	23%	184	*Agree/ Strongly Agree increased by 2%*
As a result of the Provisional Certification process, I have increased confidence in the decision making abilities/ skills of the Specialist I supervise.	2%	3%	14%	59%	22%	184	*Agree/ Strongly Agree increased by 1%*
I was able to review documentation related to observed services.	2%	2%	11%	66%	19%	184	*Agree/ Strongly Agree increased by 1%*

Survey Results

Overall the results mirror those from the previous year. This reporting period saw a five percent decrease from last year. While the Training Unit will be modifying the questions to better align with changes to CORE it is curious there was a decrease this year. Increased expectations related to implementation of the Supervisory Framework to observe all specialists may have created a temporary challenge for supervisors.

Specialist Certification: Phase 3 Surveys from CW Specialists at 75 Percent Caseload

Survey Response

From 7/1/19 to 2/29/20, 197 specialists entered Phase 3 while 120 specialists completed Phase 3. 22 specialists left the agency during Phase 3, while 160 specialists remain in progress in Phase 3. A total of 83 responses for the Phase 3 survey were

received from specialists. Reasons for this discrepancy: Some responses received during this evaluation period were responses from specialists from the previous evaluation period. In an effort to certify specialists who had been with the agency for more than a year, modifications to certification were made, in which they did not have to complete certain elements of Phase 3, including surveys. The survey modification was made as asking recall information from over one year prior, or while the specialist was supervised by a different supervisor, would not be deemed reliable information.

Questions	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Total Response	Change from Previous Year
My supervisor engages me in the planning process, such as preparing for visits and procedures for my job.	2%	2%	8%	28%	61%	83	*Agree/ Strongly Agree decreased 6%*
My supervisor gives me adequate information on how well I am performing.	2%	2%	4%	28%	64%	83	*Agree/ Strongly Agree remained the same*
The information I receive about my performance usually comes to me timely enough to be of use to me.	4%	2%	5%	29%	60%	83	*Agree/ Strongly Agree increased 2%*
I often receive feedback from my supervisor for good performance	2%	2%	9%	25%	62%	83	*Agree/ Strongly Agree remained the same*
My supervisor helps me prevent and address burnout.	1%	2%	15%	26%	56%	81	*Agree/ Strongly Agree decreased 2%*
My supervisor encourages me to use the skills that I learn in training on the job.	0%	0%	12%	31%	57%	81	*Agree/ Strongly Agree decreased 7%*
My supervisor ensures that I reflect on my practice with clients.	0%	4%	12%	28%	56%	81	*Agree/ Strongly Agree decreased 9%*

Survey Results

Noticeable are the decreases in several. While a swing of five percentage points is normal, the percent increases in supervisor encouragement using skills from training and reflection on practice are not encouraging. The responses on the questions from Phase 3 are slightly lower than from Phase 2, with the experience viewed differently possibly by more experienced specialists.

CW Specialist Certification: Phase 3 Surveys from Supervisors with CW Specialists at 75 Percent Caseload

Survey Response

From 7/1/19 to 2/29/20, 120 CW specialists completed Phase 3. 106 responses were received from their supervisors, for a return rate of 88 percent.

Questions	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Total Response	Change from Previous Year
The amount of time to observe, assess, and coach the Child Welfare Specialist through the Provisional Certification was sufficient to effectively evaluate.	2%	7%	9%	68%	14%	106	*Agree/ Strongly Agree decreased 2%*
As a result of the Provisional Certification process, I have increased my knowledge of the skills of the Specialist I supervise.	4%	3%	7%	70%	16%	106	*Agree/ Strongly Agree increased 6%*
As a result of the Provisional Certification process, I have increased confidence in the decision making abilities/ skills of the Specialist I supervise.	3%	>1%	9%	72%	16%	106	*Agree/ Strongly Agree increased 1%*
I was able to review documentation related to observed services.	4%	6%	18%	61%	11%	106	*Agree/ Strongly Agree decreased 15%*

Survey Results

The Training Unit saw two scores increase and two decreases. The interesting change was a 15 percent decrease from last year regarding reviewing of documents. This could be related to implementation of the Supervisory Framework and prioritization of time during the transition.

The responses from Phase 2 to Phase 3 demonstrated an increase for all of the questions except documentation. It remains encouraging that supervisors are able to continue and/or increase time spent through the year-long certification process. Supervisor responses mirror those of the specialists with slight decrease of scoring in "Strongly Agree."

Ongoing Staff Training

Level 1 Testing Results

All Level 1 courses include pre- and post-test questions in addition to seven questions targeted to inform job transfer. Data listed below indicates pooled results of the pre- and post-tests as well as pooled results for the seven questions. The time frame for these results is 7/1/19 through 3/13/20.

To receive credit for completing a Level 1 class, a CW specialist is required to complete the pre- and post-test. 2,650 CW specialists completed Level 1 classes, with 2,434 pre- and post-tests completed, for a return rate of 92 percent. This is an increase from the previous reporting period of 89 percent. In Level 1 classes, coordinators are required to check surveys for completion prior to a specialist leaving the class, leading to a high return rate. For Level 1 classes during this reporting period, there were several issues with Qualtrics glitches that were not found until after the class completion. Further, two new coordinators were added to the contract for Level 1 trainings, who did not consistently track reasons for why post-tests were incomplete, outside of Qualtrics-related issues, nor did they confirm completion prior to specialists leaving class. A

process was implemented providing pre- and post-test rules to the coordinators to mitigate any future concerns.

Classes with an increase of more than 10 points from pre- to post-test include CW 1002 – Introduction to Child Sexual Abuse; CW 1003 – Cross-Cultural Competence; CW 1007 – Foster Care and Adoption New Specialist Training; CW 1009 – Behavioral Health and Substance Abuse; CW 1015 – Bridge Out of Home Investigations; CW 1016 – Oklahoma Successful Adulthood Training; CW 1115 – Child Safety Meetings and CW 1150 – Specialist Safety. These classes had an average increase of 18 points from pre-test to post-test.

CW 1004 – Family-Centered Services revised its pre- and post-test questions in August, 2019. This did not appear to affect the scores, as this course showed an increase of five points. Specialists commented in surveys that the questions are too difficult and are difficult to understand. As new CORE curriculum is introduced, changes will be made to this course. The Training Unit will work with Program staff to adjust pre- and post-tests and curriculum.

CW 1005 – Child Protective Services showed little improvement from its pre- to post-test scores, with an improvement of five points, compared to the previous year where the increase was 13 points. Post-test scores continue to be below 75 percent, similar to previous years, with almost 50 percent of the answers remaining the same from pre- to post-test. CW 1005 received revisions to the curriculum to include more experiential activities; however, the application questions on the post-test reflect lower than expected outcomes regarding CW specialists' ability to apply learned information to a scenario. Training staff will meet with Program staff for CW 1005 to discuss this information.

CW 1006 – Permanency Planning showed little improvement in pre- to post-test scores, with an average improvement of two points. CW 1006 continues to have high pre- and post-test averages (88 percent and 90 percent, respectively), indicating CW specialists may come to the training possessing the information or the test is not aligned with the curriculum. As new CORE curriculum is introduced, changes will be made to this class. The Training Unit will work with Program staff to adjust pre- and post-tests and curriculum as needed.

CW 1016 – Oklahoma Successful Adulthood scores were not included in the last report due to issues with pre- and post-tests. During this reporting period, this course saw an increase of 24 points from pre- to post-test. The pre-test score was 58 percent and the post-test score was 83 percent, indicating specialists are leaving the class with additional knowledge.

CW 1024 – Domestic Violence had an average increase of four points from pre- to post-test. This course has traditionally been offered during Module 5 of post-CORE level trainings. With the implementation of the new CORE curriculum, this course will be required during Phase 2 of Certification. Specialists attending this course with the

ability to apply case knowledge may have an effect on the pre- and post-test. Further, this course is in the revision process with a plan to pilot in late summer 2020. The Training Unit will continue to monitor the evaluation results once the course is re-introduced.

CW 1027 – Resource Family Assessment continues to not perform as well as other courses, averaging an increase of one point from pre- (70 percent) to post-test (71 percent) scores, compared to an increase of eight points the previous year. This could be a result of the pre- and post-test questions not aligned with the curriculum. Program staff revised this training in July 2019; however, the pre- and post-test were not revised. The Training Unit will work with Program staff to ensure the pre- and post-test are aligned with the curriculum.

CW 1057 – Bridge Guiding Principles was not included in the last report due to issues with pre- and post-tests. This course performed poorly in pre- and post-tests, with specialists showing zero percent improvement from pre- to post-test. This course also has a low pre- and post-test average of 43 percent. This indicates the questions may be too difficult or curriculum is not aligned with the questions. Specialist comments indicate the content is too much for a one-day course. The Training Unit will work with NRCYS to monitor this course.

CW 1003 – Cross-Cultural Competence and CW 1150 – Specialist Safety will be incorporated into new CORE curriculum for the next reporting period and will no longer be reported on separately.

If training is aimed too high, those who score high on a pre-test will show the most increase on the post-test and those who scored low may show very little increase. Likewise, if lower scores climb and higher scores are stable, the training may be too low. Ongoing assessment is required to decide if the lack of change in knowledge indicates poor test questions or a weakness in the curriculum. A good test item distracts the CW specialist from the correct answer with options while a bad test question allows the CW specialist who does not know the answer to guess correctly. Content validity and item analysis recognize the good and poor test questions; however, this requires resources beyond the Training Unit's current capacity. The Training Unit continues to review curricula, pre- and post-tests to determine a plan of action as it relates to the learning needs of CW specialists based on individual test performance. Proposed changes to CORE, will affect Level 1 classes. For example, inclusion of some information from a Level 1 course into CORE will result in new information likely going into the course thus curriculum and post-test will be modified.

Seven Questions Level 1 Post-Survey

Each class contains a survey with seven questions following the post-test that measure a CW specialist's understanding of the material, professional relevance, applicability, and commitment to institute.

Questions	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree	Change from Previous Year
Question 1: As a result of the training, I substantially increased my knowledge on the topic	0%	3%	12%	38%	46%	*Agree/ Strongly Agree decreased 6%*
Question 2: As a result of the training, I have developed new skills.	0%	3%	12%	37%	48%	*Agree/ Strongly Agree decreased 2%*
Question 3: The training has affected some of my attitudes concerning this topic area.	0%	8%	11%	35%	46%	*Agree/ Strongly Agree decreased 6%*
Question 4: The training was relevant to my job duties.	2%	8%	6%	44%	40%	*Agree/ Strongly Agree decreased 9%*
Question 5: The information I received from this training can definitely be used with my clients.	2%	3%	8%	44%	43%	*Agree/ Strongly Agree decreased 7%*
Question 6: I have a plan to implement this training.	0%	6%	8%	45%	41%	*Agree/ Strongly Agree decreased 6%*
Question 7: I am very confident I will use this training on the job.	2%	4%	9%	43%	42%	*Agree/ Strongly Agree decreased 6%*

Overall, Level 1 classes continue to perform well; however, the overall satisfaction with Level 1 courses fell from 91 percent on "Agree/Strongly Agree" in the previous reporting period to 84 percent on "Agree/Strongly Agree" during this reporting period. Each area showed an average decrease from last year in "Agree/Strongly Agree". As changes to CORE are finalized, each Level 1 class will be examined anticipating the need to make changes as aspects of the course may have been pulled into CORE.

Questions 1 – 3 show the highest neutral response rate. CW 1057 – Guiding Principles, showed the highest neutral response, with more than 11 percent in questions 1-3. CW 1009 – Behavioral Health and Substance Abuse had a range of eight percent to 11 percent and CW 1024 – Domestic Violence had a range of seven percent to eight percent. Of note, CW 1015 – Out-of-Home Investigations had a response rate of 14 percent in the neutral category for question 3.

Questions 3 – 4 show the lowest response rates in overall "Agree/Strongly Agree" and likewise, the highest response rate in "Disagree/Strongly Disagree." CW 1115 – Child Safety Meetings had a response rate of 18 percent on "Disagree/Strongly Disagree" on question 3 and 13 percent on question 4. CW 1115 is a specialized training designed for specialists facilitating child safety meetings; however, it is required to be taken by all program areas, which may affect a specialist's understanding in how it is relevant to their job duties. Each class per previous discussion will be examined to learn more about their performance. Challenges to this process may include the ongoing need for virtual training and the resulting need to modify curriculum to this format.

Level 2 Trainings
Level 2 classes are comprised of: CW 2005 – Advanced CPS Policy; CW 2025 – Medical Aspects of Abuse and Neglect; and CW 2111 – Early Childhood Development.

Level 2 Testing Results
Reports for Level 2 training classes occurring between 7/1/19 and 3/13/20 indicate 246 of 246 specialists completed post-tests and surveys, for a 100 percent return rate. The average increase from pre- to post-test for Level 2 trainings was 12 points, indicating specialists are leaving the trainings with additional knowledge. The seven questions asked in all Level 2 classes are the same as in Level 1 classes. The only required Level 2 class for every program is CW 2111 – Early Childhood Development in Child Welfare.

Level 2 Post-Survey Results

Questions	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree	Change from Previous Year
Question 1: As a result of the training, I substantially increased my knowledge on the topic	0%	1%	2%	38%	59%	*Agree/ Strongly Agree increased 4%*
Question 2: As a result of the training, I have developed new skills.	0%	0%	2%	45%	53%	*Agree/ Strongly Agree increased 5%*
Question 3: The training has affected some of my attitudes concerning this topic area.	0%	1%	5%	36%	59%	*Agree/ Strongly Agree increased 6%*
Question 4: The training was relevant to my job duties.	0%	0%	3%	33%	64%	*Agree/ Strongly Agree increased 5%*
Question 5: The information I received from this training can definitely be used with my clients.	0%	0%	2%	40%	58%	*Agree/ Strongly Agree increased 5%*
Question 6: I have a plan to implement this training.	0%	0%	6%	36%	58%	*Agree/ Strongly Agree increased 3%*
Question 7: I am very confident I will use this training on the job.	0%	1%	2%	35%	62%	*Agree/ Strongly Agree increased 5%*

Level 2 classes continue to perform well, with all seven questions showing an average increase in "Agree/Strongly Agree." Every question had an overall "Agree/Strongly Agree" of above 90 percent.

Questions 2 and 6 had the highest response rate of overall 98 percent in "Agree/Strongly Agree" indicating specialists learned new skills in the classroom and believe they can take the information to use in the field with clients.

Level 3 Completion Data
After three years of mandatory training, experienced CW specialists select advanced trainings, in conjunction with their supervisors, to meet needs specific to their job responsibilities. These trainings are designed to build on existing skill sets and experiences. CW specialists and CW supervisors are required to complete 40 hours of training per year.

Mentor Certification

Mentor Certification is required for all Level 3 CW specialists. A total of 366 CW specialists completed Level 3 classes between 7/1/19 and 3/13/20.

The Mentor Certification process consists of the following required trainings – CW 3029 – Introduction to Coaching (online training), CW 3032 – Motivational Interviewing, CW 3300 – Coaching, CW 3042 – Follow Up to Motivational Interviewing, CW 3444 – Mentor Certification Preparation and CW 3445 – Mentor Certification.

Online boosters started with coaching in June 2018. After completion of CW 3300 Mentor Coaching, the OKDHS LMS sends automatic notices to specialists instructing them to take online coaching boosters. A learning consultant also follows up with specialists with a reminder about the boosters and the timeframe they need to be completed. The boosters' goal is to help keep coaching concepts and skills in the forefront of a specialist's mind while practicing in the field. Boosters are short, online courses specifically designed to support the transfer of classroom learning to practice application. For this reporting timeframe, boosters were required two days after training is marked complete, two weeks after the two-day boosters are complete and one month after the two-week boosters are complete. All boosters were to be completed before specialists could attend CW 3444. During this report's timeframe, it was discovered through data analysis and feedback from participants that specialists were not utilizing the proper timing to complete their boosters. The majority would take them at one time, defeating the purpose of cadenced learning to increase TOL. A recommendation was made and approved to move to a one booster learning activity for SFY 21, beginning 7/1/20.

For Coaching, the same coaching curriculum is facilitated for all CW trainings. Coaching is a piece of the Mentor Certification, Supervisor Academy, and it exists as part of the Program Improvement Plan (PIP) strategy. The same facilitators are utilized for Coaching for the Mentor Certification and Supervisor Academy. Coaching for the PIP is facilitated by OU-contracted facilitators, all of which were trained in the curriculum prior to facilitation.

Level 3 Survey Response

As is in place for Levels 1 and 2, the seven survey questions measuring knowledge acquired, skills acquired, and intended application of knowledge and/or skills is asked of all CW specialists. Of the 366 CW specialists who attended classes, 361 CW specialists completed surveys for a return rate of 99 percent. Last year the return rate was 79 percent. The improvement is due to a process change that occurred in communication with specialists and post-training follow-up. CW specialists were informed of the importance of survey completion as part of their training and participative responsibility. They were also made aware that if they did not complete surveys, they would not be marked fully attended for the course.

CW 3032 – Motivational Interviewing had 92 of 97 specialists complete the survey for a response rate of 95 percent. The remaining Level 3 trainings had 269 of 269 specialists

complete the survey for a response rate of 100 percent. During transition to a new coordinator, the pre-post-test stopped being implemented and will be reinstated. CW 3300 – Coaching will need a test prepared for the upcoming review.

Overall Survey Response

Questions	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree	Change from Previous Year
Question 1: As a result of the training, I substantially increased my knowledge on the topic	0%	0%	0%	10%	90%	*Agree/ Strongly Agree increased 9%*
Question 2: As a result of the training, I have developed new skills.	0%	0%	0%	7%	93%	*Agree/ Strongly Agree increased 6%*
Question 3: The training has affected some of my attitudes concerning this topic area.	0%	0%	1%	10%	89%	*Agree/ Strongly Agree increased 12%*
Question 4: The training was relevant to my job duties.	0%	0%	1%	7%	92%	*Agree/ Strongly Agree increased 9%*
Question 5: The information I received from this training can definitely be used with my clients.	0%	0%	0%	8%	92%	*Agree/ Strongly Agree increased 10%*
Question 6: I have a plan to implement this training.	0%	0%	0%	4%	96%	*Agree/ Strongly Agree increased 7%*
Question 7: I am very confident I will use this training on the job.	0%	0%	1%	4%	95%	*Agree/ Strongly Agree increased 8%*

Survey results indicate specialists perceive the training to be a valuable learning experience with a high commitment to implement in their practice. All seven areas of the survey improved compared to the previous year, with a range of improvement from six percent to 12 percent.

Level 4 Completion Data

Level 4 trainings are designed for CW supervisors and above. 141 CW supervisors completed Level 4 classes between 7/1/19 and 3/13/20.

Level 4 Survey Response Rate

Of the 141 supervisors that attended Level 4 trainings, 138 surveys were completed resulting in a 98 percent overall response rate. This is an increase of 33 percent from the previous reporting period, in which the response rate was 65 percent. This improvement is due to a process change that occurred in communication with supervisors and post- training follow-up. Supervisors were informed of the importance of survey completion as part of their training and participative responsibility. They were also made aware if they did not complete surveys, they would not be marked fully complete for the course. As a result, three attendees did not receive course credit.

Of the eight Level 4 trainings offered, six trainings had a 100 percent response rate for surveys.

Overall Survey Response

Questions	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree	Change from Previous Year
Question 1: As a result of the training, I substantially increased my knowledge on the topic	0%	0%	0%	10%	90%	*Agree/ Strongly Agree increased 9%*
Question 2: As a result of the training, I have developed new skills.	0%	0%	0%	7%	93%	*Agree/ Strongly Agree increased 6%*
Question 3: The training has affected some of my attitudes concerning this topic area.	0%	0%	1%	10%	89%	*Agree/ Strongly Agree increased 12%*
Question 4: The training was relevant to my job duties.	0%	0%	1%	7%	92%	*Agree/ Strongly Agree increased 9%*
Question 5: The information I received from this training can definitely be used with my clients.	0%	0%	0%	8%	92%	*Agree/ Strongly Agree increased 10%*
Question 6: I have a plan to implement this training.	0%	0%	0%	4%	96%	*Agree/ Strongly Agree increased 7%*
Question 7: I am very confident I will use this training on the job.	0%	0%	1%	4%	95%	*Agree/ Strongly Agree increased 8%*

Overall Level 4 classes continue to perform well. Survey response percentages increased. The overall positive response rate increased to 98 percent. This indicates the classes this year for CW supervisors may be more applicable to their work with CW specialists. From the previous reporting year to this past year, CW supervisors indicated they had an increase in the amount of new knowledge they obtained from these trainings. For the second year in a row, they indicated an increase in the trainings being relevant to their job duties. Utilization of a personal development plan incorporated into the course also improved the plan to implement the training into daily work. The development plan is a part of the course. Specialists are informed this last step is to support them to create a plan for change to focus on what they want to improve upon afterward, for example, with a new client or a process, and when they plan to try it. They are instructed to focus on how they plan to accomplish these new skills along with resources they have available to them. This activity is processed with peers when concluding training. For question 2, while no responses indicated disagreement with developing new skills, two of the Level 4 trainings, CW 4020 – Follow Up Coaching Workshop and CW 4552 – Indirect Trauma Simulation (a new course) were outliers in the "Uncertain" response, resulting in a decrease in overall score for question 2. CW 4020 will be revised to focus exclusively on skill development, moving away from curriculum that no longer meets the agency needs. The course revision was piloted twice informally with supervisors desiring additional training. After modifications, the course is ready for implementation.

Supervisor Academy

Supervisors' Incremental Post-Academy Development

All new supervisors attend a 12-day academy covering various topics related to management skills, coaching skills, and a varied overview of CWS related to their supervisory role, as a means to prepare for Certification. The Academy is divided into

four modules with a mix of contractors and State Office personnel. The full academy program is comprised of four multi-day learning experiences spread over the course of seven months.

Prior to attending module one, at the time of initial registration and during the month before actual participation in the first Academy module, a supervisor receives information and books to begin a process of targeted pre-reading.

In the report timeframe, the Training Unit implemented simulation labs into supervisor training. Simulation labs allow for practicing skills and replicate situations employees would experience in their work, enacted in a mock setting, allowing employees to practice their knowledge and skills in a supportive environment. Video recordings of practice allows for observation and debriefing. The focus for simulation was Motivational Interviewing (MI) Experience and Indirect Trauma Sensitive Supervision (ITSS). The Training Unit contracted with OUSSW for their expertise in MI training and Indirect Trauma supervision since they possess the ability to use simulation labs and have experience with developing actors. One session of MI experience and two sessions of ITSS were held during the reporting timeframe.

Motivational Interviewing (MI) Experience

Prior to attending the instructor led training, supervisors complete a structured, self-assessment, focusing on their use of open questions, affirmation, reflective listening, and, summary reflections; Managing Discord; Evoking Change Talk; and using the Spirit of MI. During the training, supervisors are recorded in an MI simulation lab with a standardized client practice their skills and. An annotated copy of the simulation video is reviewed by OUSSW staff and the supervisor's peers attending the same session. Supervisors review their videos as a group and debrief together. They also share their self-assessment results and the trainer's assessment. To introduce an "inter-rater reliability" process, the group watches videos of individuals practicing MI and share reactions in a large group. Differences in ratings are discussed to encourage learning through critical thinking.

A total of 12 supervisors completed the MI Experience, with 12 responses to the survey, for a return rate of 100 percent.

MI Experience Overall Survey Response

Questions	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree	Change from Previous Year
Question 1: As a result of the training, I substantially increased my knowledge on the topic	0%	0%	0%	60%	40%	*No data from previous year*
Question 2: As a result of the training, I have developed new skills.	0%	0%	0%	77%	23%	*No data from previous year*
Question 3: The training has affected some of my attitudes concerning this topic area.	0%	0%	0%	50%	50%	*No data from previous year*
Question 4: The training was relevant to my job duties.	0%	0%	0%	50%	50%	*No data from previous year*
Question 5: The information I received from this training can definitely be used with my clients.	0%	0%	0%	60%	40%	*No data from previous year*
Question 6: I have a plan to implement this training.	0%	0%	0%	60%	40%	*No data from previous year*
Question 7: I am very confident I will use this training on the job.	0%	0%	0%	10%	90%	*No data from previous year*

Overall, the survey indicates a high level of satisfaction with MI Experience. Each of the seven questions had 100 percent "Agree/Strongly Agree" positive scores, which indicates supervisors find the content helpful and applicable to their daily role. The survey also indicates supervisors have a plan to use the new knowledge and implement the skills learned with their clients.

Indirect Trauma Sensitive Supervision (ITSS)

Prior to attending ITSS, supervisors must complete Module III of Supervisor Academy, which includes a section on clinical supervision. In the clinical supervision section of Module III, supervisors learn about ITSS skills. ITSS enhances the supervisor's capacity to monitor for signs of trauma, recognize the effects of trauma, and provide ongoing support using specific strategies with specialists. Supervisors then attend an instructor-led simulation where they practice ITSS in a simulation setting with actors prepped with ITSS scenarios. Simulation components include an emphasis on reflection, empathy, and assessing specialist strain. The simulation's desired outcome is for supervisors to be able to offer meaningful support and help specialists prevent, minimize, and process stressful/trauma experiences. The practice simulations are audio and video recorded. An annotated copy of the simulation video is reviewed by the OUSSW staff and the supervisor's peers attending the same session. Supervisors review their videos as a group and debrief together. They also share their self-assessment results and the trainer's assessment. To introduce an "inter-rater reliability" process, the group watches videos of individuals practicing ITSS and share reactions in a large group. Differences in ratings are discussed to encourage learning through critical thinking. ITSS was offered two times during this reporting period with 24 supervisors completing the course. Survey results for CW 4552 – Indirect Trauma Sensitive Supervision are included in the Level 4 survey section of this report.

Following Certification, supervisors incrementally engage in periodic coaching related to Academy curriculum. This process continues to refine and expand their competency and job performance. As they subsequently mature in their work, these supervisors more effectively support the performance and learning of CW specialists.

Supervisor Academy Results

Due to the Academy's length, some supervisors will be in some aspect of completion this fiscal year. During the reporting period of 7/1/19 to 3/13/20:

- Two Supervisor Academy cohorts (0919 and 1219) began,
- Two cohorts (0319 and 0619) completed, consisting of 39 supervisors
- One cohort (0919) started and completed within the fiscal year, consisting of 14 supervisors
- One cohort (1219) will complete in July 2020, consisting of 15 supervisors
- Total for reporting timeframe: 53

Supervisor Academy Module Completion

Supervisor Academy is divided into 4 modules. During this reporting period, Module 1 was held two times, with 32 supervisors completing. Module 2 was held three times with 49 supervisors completing. Module 3 was held three times with 42 supervisors completing. Module 4 was held three times with 53 supervisors completing.

Supervisor Academy Survey Response Rate by Module

The same seven questions are utilized in Supervisor Academy as are utilized in other level trainings. 171 of 174 supervisors attending Modules 1-4 completed the survey, for an overall response rate of 98 percent. Module 1 and Module 4 both had 100 percent survey completion.

Module 1 Overall Survey Response

Questions	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree	Change from Previous Year
Question 1: As a result of the training, I substantially increased my knowledge on the topic	0%	0%	2%	14%	84%	*Agree/ Strongly Agree increased 6%*
Question 2: As a result of the training, I have developed new skills.	0%	0%	0%	16%	84%	*Agree/ Strongly Agree increased 7%*
Question 3: The training has affected some of my attitudes concerning this topic area.	0%	0%	2%	10%	88%	*Agree/ Strongly Agree increased 3%*
Question 4: The training was relevant to my job duties.	0%	0%	0%	75%	25%	*Agree/ Strongly Agree increased 3%*
Question 5: The information I received from this training can definitely be used with my clients.	0%	0%	0%	18%	82%	*Agree/ Strongly Agree increased 8%*
Question 6: I have a plan to implement this training.	0%	0%	0%	75%	25%	*Agree/ Strongly Agree increased 4%*
Question 7: I am very confident I will use this training on the job.	0%	0%	0%	5%	95%	*Agree/ Strongly Agree increased 5%*

Overall, the survey indicates a high level of satisfaction with Module 1 of Supervisor Academy. Every category in Module 1 saw an increase in "Agree/Strongly Agree," and five of the seven questions had 100 percent "Agree/Strongly Agree" positive scores.

Module 2 Overall Survey Response

Questions	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree	Change from Previous Year
Question 1: As a result of the training, I substantially increased my knowledge on the topic	0%	0%	0%	28%	72%	*Agree/ Strongly Agree increased 9%*
Question 2: As a result of the training, I have developed new skills.	0%	0%	0%	80%	20%	*Agree/ Strongly Agree increased 3%*
Question 3: The training has affected some of my attitudes concerning this topic area.	0%	0%	0%	70%	30%	*Agree/ Strongly Agree increased 5%*
Question 4: The training was relevant to my job duties.	0%	0%	0%	70%	30%	*Agree/ Strongly Agree increased 9%*
Question 5: The information I received from this training can definitely be used with my clients.	0%	0%	0%	70%	30%	*Agree/ Strongly Agree increased 8%*
Question 6: I have a plan to implement this training.	0%	0%	0%	28%	72%	*Agree/ Strongly Agree increased 6%*
Question 7: I am very confident I will use this training on the job.	0%	0%	0%	15%	85%	*Agree/ Strongly Agree increased 5%*

Overall, the survey indicates a high level of satisfaction with Module 2 of Supervisor Academy. Each survey question saw an increase in reference to Module 2 content and each question received a 100 percent positive response in "Agree/Strongly Agree."

Module 3 Overall Survey Response

Questions	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree	Change from Previous Year
Question 1: As a result of the training, I substantially increased my knowledge on the topic	0%	0%	0%	65%	35%	*Agree/ Strongly Agree increased 9%*
Question 2: As a result of the training, I have developed new skills.	0%	0%	0%	40%	60%	*Agree/ Strongly Agree increased 2%*
Question 3: The training has affected some of my attitudes concerning this topic area.	0%	0%	0%	79%	21%	*Agree/ Strongly Agree increased 5%*
Question 4: The training was relevant to my job duties.	0%	0%	0%	65%	35%	*Agree/ Strongly Agree increased 1%*
Question 5: The information I received from this training can definitely be used with my clients.	0%	0%	0%	48%	52%	*Agree/ Strongly Agree increased 8%*
Question 6: I have a plan to implement this training.	0%	0%	0%	35%	65%	*Agree/ Strongly Agree increased 6%*
Question 7: I am very confident I will use this training on the job.	0%	0%	0%	45%	55%	*Agree/ Strongly Agree increased 4%*

The survey indicates a high level of satisfaction and continued improvement with Module 3 of Supervisor Academy. Each survey question asked in reference to Module 3 content received a 100 percent positive response.

Module 4 Overall Survey Response

Questions	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree	Change from Previous Year
Question 1: As a result of the training, I substantially increased my knowledge on the topic	0%	1%	0%	13%	86%	*Agree/ Strongly Agree increased 4%*
Question 2: As a result of the training, I have developed new skills.	0%	1%	0%	3%	96%	*Agree/ Strongly Agree increased 2%*
Question 3: The training has affected some of my attitudes concerning this topic area.	0%	1%	0%	83%	16%	*Agree/ Strongly Agree increased 2%*
Question 4: The training was relevant to my job duties.	0%	0%	0%	5%	95%	*Agree/ Strongly Agree increased 5%*
Question 5: The information I received from this training can definitely be used with my clients.	0%	0%	0%	63%	37%	*Agree/ Strongly Agree increased 6%*
Question 6: I have a plan to implement this training.	0%	0%	0%	60%	40%	*Agree/ Strongly Agree increased 6%*
Question 7: I am very confident I will use this training on the job.	0%	0%	2%	23%	75%	*Agree/ Strongly Agree increased 4%*

The survey indicates a high level of satisfaction and continued improvement with Module 4 of Supervisor Academy. Three out of the seven survey questions asked in reference to Module 4 content received a 100 percent positive response.

Supervisor Academy Results

Overall the survey results indicate a high level of satisfaction with Supervisor Academy. Previous years reflected a fluctuation in satisfaction. Through collaborative efforts, curriculum development, and restructure of content as needed, the ratings have climbed and supervisors are showing an increased satisfaction in all seven areas surveyed.

Field Observation Assessments (FOA) and Case Consultations (CCT) Completions

Integrating the consultation process into the new LMS resulted in a delay of completions of both FOAs and CCTs. Improved guidelines and information on how to work through this new digital process have been created and published. The number of completed FOAs and CCTs is expected to improve. Supervisor Academy cohorts that completed the curriculum during the reporting timeframe had the following FOA and CCT completions. Plans are to explore how well the certification aligns with the Supervisory Framework and possible modifications. The CCT will be the primary focus this year.

Course Number	Course Start Date	Course Completion Date	Number of Partcipant Completions	Number of FOAs Completed	Number of CCTs Completed
CW 4550	March, 2019	October, 2019	18	10	0
CW 4550	June, 2019	January, 2020	21	18	0
CW 4550	September, 2020	October, 2019	18	10	0

Level 5 Testing Reports

Level 5 trainings offered between 7/1/19 and 3/13/20 included CW 5005 – Child Fatality Training; CW 5205 – CSM Facilitator Training; CW 5802 Records Check Training; CW 5864 Foster Care Contract Training.

216 specialists completed Level 5 trainings and 192 surveys were completed for a response rate of 89 percent. Not all Level 5 courses are monitored onsite by a training coordinator. As a result, surveys are not always completed. Two sessions of Level 5 trainings did not complete a survey: CW 5205 and 5802, both held in January 2020. Level 5 survey completions will improve as CW coordinators and staff continue to improve end of training processes and collaborate more effectively.

Level 5 Overall Survey Response

Questions	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree	Change from Previous Year
Question 1: As a result of the training, I substantially increased my knowledge on the topic	0%	1%	3%	41%	55%	*Agree/ Strongly Agree increased 3%*
Question 2: As a result of the training, I have developed new skills.	2%	1%	0%	46%	51%	*Agree/ Strongly Agree increased 2%*
Question 3: The training has affected some of my attitudes concerning this topic area.	0%	0%	2%	56%	42%	*Agree/ Strongly Agree increased 3%*
Question 4: The training was relevant to my job duties.	1%	0%	2%	50%	47%	*Agree/ Strongly Agree increased 2%*
Question 5: The information I received from this training can definitely be used with my clients.	0%	0%	0%	60%	40%	*Agree/ Strongly Agree increased 5%*
Question 6: I have a plan to implement this training.	1%	0%	2%	37%	60%	*Agree/ Strongly Agree increased 7%*
Question 7: I am very confident I will use this training on the job.	0%	1%	2%	65%	32%	*Agree/ Strongly Agree increased 2%*

Level 5 trainings overall percentages have mostly held steady compared to recent years.

Educational Program

The Child Welfare Professional Enhancement Program (CWPEP) is a Title IV-E partnership between OU, OKDHS, and the US Department of Health and Human Services, Administration for Children and Families. The purpose of this partnership is to enhance the professional development of OKDHS CW staff and to recruit potential CW staff from the accredited Bachelor of Social Work (BSW) programs across the state and from the MSW program at OU. It affords interested students financial support by covering books, fees, and in-state tuition in return for a specified employment obligation in a CW position with OKDHS or a tribe with which OKDHS has a Tribal/State Agreement. This commitment is 12 BSW or 15 MSW months for each academic year of financial support.

CWPEP Participants in Academic Year 2019 – 2020

- 58 total CWPEP participants
- 46 OKDHS employees (all in MSW program – 29 in Norman, 17 in Tulsa)

CWPEP Graduates May 2020

- 18 OKDHS employees graduated with MSW degrees and returned to OKDHS to complete their employment obligations

BSWs Hired or Anticipated to Be Hired

- 6 BSWs graduated in May 2020
    - 3 Oral Roberts University (2 in Tulsa, 1 in Kay County);
    - 2 OU (Cleveland County);
    - 1 East Central University (hired, county unknown as of writing)

Statistical and Supporting Information

Child Abuse Prevention and Treatment Act (CAPTA) – Annual State Data Report

(1) The number of children who were reported to the state during the year as victims of child abuse or neglect:

- 66,319 is the number of duplicate children for Federal Fiscal Year (FFY) 2019. Source: National Child Abuse and Neglect Data System (NCANDS) Child File Data for FFY 2019

(2) Of the number of children described in (1), the number with respect to whom such reports were:

- Substantiated – 15,993 (duplicate children). Source: NCANDS Child File Data for FFY 2019
- Unsubstantiated – 50,326 (duplicate children). Source: NCANDS Child File Data for FFY 2019
- Determined to be false – 0

(3) Of the number of children described in (2):

- The number that did not receive services during the year under the state program funded under this section or an equivalent state program – Data Not Collected
- The number that received services during the year under the state program funded under this section or an equivalent state program – Child Victim Cases Opened for Post-Investigative Services (duplicate count of children) = 14,405
  Source is NCANDS Child File Data - Supplemental for FFY 2019
- The number that were removed from their families during the year by disposition of the case – 3705.
  Source: NCANDS Child File Data for FFY 2019 (correction made to programming logic)

(4) The number of families that received preventive services, including use of differential response, from the state during the year – 2009 Family-Centered Services (FCS) cases during FFY 2019. Source: Oklahoma's Statewide Automated Child Welfare Information System (SACWIS) known as KIDS – collected for FFY 2019 NCANDS Agency file.

(5) The number of deaths in the state during the year resulting from child abuse or neglect – 23 (23 reported in the 2018 NCANDS Child File)

(6) Of the number of children described in (5), the number of such children who were in foster care – 2.
Source: FFY 2019 NCANDS Child File

(7A) – The number of child protective service personnel responsible for:

- Intake of reports filed in the previous year;
- Screening of such reports;
- Assessment of such reports; and

- Investigation of such reports.

Intake and Screening – 60 personnel; Assessment and Investigation – 710 personnel – Child welfare (CW) specialists I, II, III with primary work responsibilities of Investigation or Oklahoma Department of Human Services (OKDHS) Abuse and Neglect Hotline and least one assignment during the month.
Source: Oklahoma SACWIS (KIDS). Reported: FFY 2019 NCANDS Agency File.

(7B) – The average caseload for the workers described in (7A) above:

- For FFY 2019, the average number of reports accepted for assessment or investigation per Child Protective Services (CPS) CW specialists was 51. Source: KIDS Database – data collected for FFY 2019
- The average number of assessments/investigations completed FFY 2019 was 4.3. Source: NCANDS Child File FFY 2019.

(8) The agency response time with respect to initial investigation of reports of abuse or neglect – 47.46 hours
Source: Oklahoma SACWIS (KIDS). Reported in the FFY 2019 NCANDS Agency File

(9) The response time with respect to the provision of services to families and children where an allegation of child abuse or neglect has been made – Priority I reports 4.79 hours. Priority II reports 67 hours.
Source: Oklahoma SACWIS (KIDS)

(10) For child protective service personnel responsible for intake, screening, assessment, and investigation of child abuse and neglect reports in the state:

- Information on the education, qualifications, and training requirements established by the State for child protective service professionals, including for entry and advancement in the profession, including advancement to supervisory positions:
    - Qualifications for a CW specialist I include a bachelor's degree in any field.
    - Qualifications for a CW specialist II include a master's degree, or a bachelor's degree and one year of professional social work experience.
    - Qualifications for a CW specialist III include a Master's Degree and one year experience in child welfare, or a Bachelor's Degree plus one year of professional social work experience in CW.
    - Qualifications for a CW specialist IV (supervisor) include a Master's Degree plus one year of experience in professional social work in CW, or a Bachelor's Degree and two years of experience in professional social work or an equivalent combination of education and experience.
    - Refer to the Oklahoma CW Services Training Plan section for details pertaining to staff training.
- Data of the education, qualifications, and training of such personnel:
    - On 5/27/20, OKDHS had 2,478 CW staff with a Bachelor's Degree, 510 staff with a Master's Degree, four staff with a PhD, five staff with a JD, and 22 staff with degree types as "other".

- Demographic information of the child protective personnel:
    - On 5/27/20, OKDHS had 3,019 CW specialists, including CW supervisors. Of those, 2,516 were female and 503 were male. Of the 3,019 specialists, 310 identify as American Indian, 36 identify as Asian, 545 identify as African American, 121 identify as Hispanic, 3 identify as Pacific Islander, and 2,004 identify as Caucasian.
- Information on caseload or workload requirements for such personnel, including requirements for average number and maximum number of cases per child protective service (CPS) worker and supervisor:
    - Workload standards were established as part of the Pinnacle Plan. It was determined a maximum caseload for CPS staff would be 12 cases, including both assessments and investigations. Each CPS supervisor has a maximum of five direct reports.

(11) The number of children reunited with their families or receiving family preservation services that, within five years, result in subsequent substantiated reports of child abuse or neglect, including the death of the child – 704 distinct children. Source Oklahoma SACWIS system – 1,338 children substantiated whose families received Family Preservation Services in the previous five years. 790 children substantiated who were reunited with their families in the previous five years.

(12) The number of children for whom individuals were appointed by the court to represent the best interests of such children and the average number of out of court contacts between such individuals and children – 3,705. All children removed have a court appointed representative. Court-appointed special advocates reported serving 3,605 children with an average of nine contacts per child.

(13) The annual report containing the summary of activities of the citizen review panels of the state:

See attached ***Oklahoma Domestic Violence Fatality Review Board 2019 Annual Report*** and ***Oklahoma Child Death Review Board 2020 Recommendations***

(14) The number of children under the care of the State child protection system who are transferred into the custody of the State juvenile justice system.

Oklahoma's SACWIS, known as KIDS, has the capability for the CW specialist to document if a youth has a delinquent court case, delinquent adjudication, or Office of Juvenile Affairs (OJA) placement. In FFY19, 301 youth under the age of 18 years met at least one of the above criteria during the period of 10/1/18 – 9/30/19. In OKDHS' out-of-home care population on 9/30/19, 39 youth under 18 years of age in OKDHS custody were placed in a detention type facility, 31 were in the shared custody of OJA.

(15) The number of children referred to a child protective services system under subsection (b)(2)(B)(ii): 24.
Source: Oklahoma SACWIS (KIDS). Reported: FFY 2019 NCANDS Agency File

(16) The number of children determined to be eligible for referral, and the number of children referred, under subsection (b)(2)(B)(xxi), to agencies providing early intervention services under part C of the Individuals with Disabilities Education Act.

- The number of children determined to be eligible for referral - 4744.
  Source Oklahoma SACWIS (KIDS). Reported: FFY 2019 NCANDS Agency File
- The number of children referred - 940.
  Source Oklahoma SACWIS (KIDS). Reported: FFY 2019 NCANDS Agency File

(17) The number of children determined to be victims described in subsection (b)(2)(B)(xxiv): 9.
Source: FFY 2019 NCANDS Child File

(18) The number of infants:

- identified under subsection (b)(2)(B)(ii) – 502
  Source: FFY 2019 NCANDS Child File
- for whom a plan of safe care was developed under subsection (b)(2)(B)(iii) – 20
  Source: FFY 2019 NCANDS Child File
- for whom a referral was made for appropriate services, including services for the affected family or caregiver – 337
  Source: FFY 2019 NCANDS Child File; under subsection (b)(2)(B)(iii)

Financial Information

Payment Limitations – Title IV-B, Subpart 1

In SFY 2005, the State expended Title IV-B, Subpart 1, funds as follows: Child Care - $0; Foster Care Maintenance - $340,000; Adoption Assistance - $400,000. The State may not exceed this baseline amount for the corresponding types of payments after FY 2007 and replaces the 1979 baseline amount to which the State was previously held.

In SFY 2005, the state expended $4,953,028 in state funds on State Family Foster Care. These funds were not used as match against any federal funding sources. This amount became the maximum that a State may use as a match for foster care maintenance payments under the Title IV-B, Subpart 1, (Section 424(d)) and will serve as a baseline for future years.

Payment Limitations – Title IV-B, Subpart 2

The FY 2018 State and local share expenditure amounts for the purposes of Title IV-B, Subpart 2 was $994,544 state match at 25 percent and a MOE of $1,520,000 to equal a total expenditure of $2,514,544.

See attached ***Oklahoma FY 21 CFS-101 -*** **Excel**, **Oklahoma** ***FY 21 CFS-101 – PDF***, and ***Oklahoma FY 20 CFS-101 Reallotment***.